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27 transportation-assisted delivery of persons for
 28 emergency assessment; amending 394.467, F.S.;
 29 prohibiting a court from ordering an individual with
 30 traumatic brain injury or dementia, who lacks a co-
 31 occurring mental illness, to be involuntarily placed
 32 in a state treatment facility; amending s. 394.492,
 33 F.S.; revising the definitions of the terms
 34 "adolescent," "child or adolescent at risk of
 35 emotional disturbance," "child or adolescent who has
 36 an emotional disturbance," and "child or adolescent
 37 who has a serious emotional disturbance or mental
 38 illness" for purposes of the Comprehensive Child and
 39 Adolescent Mental Health Services Act; amending s.
 40 394.656, F.S.; renaming the Criminal Justice, Mental
 41 Health, and Substance Abuse Statewide Grant Review
 42 Committee as the Criminal Justice, Mental Health, and
 43 Substance Abuse Statewide Grant Policy Committee;
 44 providing additional members of the committee;
 45 providing duties of the committee; providing
 46 additional qualifications for committee members;
 47 directing the Department of Children and Families to
 48 create a grant review and selection committee;
 49 providing duties of the committee; authorizing a
 50 designated not-for-profit community provider, managing
 51 entity, or coordinated care organization to apply for
 52 certain grants; providing eligibility requirements;

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53 | defining the term "sequential intercept mapping";
 54 | removing provisions relating to applications for
 55 | certain planning grants; creating s. 394.761, F.S.;
 56 | requiring the Agency for Health Care Administration
 57 | and the department to develop a plan to obtain federal
 58 | approval for increasing the availability of federal
 59 | Medicaid funding for behavioral health care; requiring
 60 | the agency and the department to submit a written plan
 61 | that contains certain information to the Legislature
 62 | by a specified date; amending s. 394.875, F.S.;
 63 | removing a limitation on the number of beds in crisis
 64 | stabilization units; amending s. 394.9082, F.S.;
 65 | revising legislative findings and intent; redefining
 66 | terms; requiring the managing entities, rather than
 67 | the department, to contract with community-based
 68 | organizations to serve as managing entities; deleting
 69 | provisions providing for contracting for services;
 70 | providing contractual responsibilities of a managing
 71 | entity; requiring the department to revise contracts
 72 | with all managing entities by a certain date;
 73 | providing contractual terms and requirements;
 74 | providing for termination of a contract with a
 75 | managing entity under certain circumstances; providing
 76 | protocols for the department to select a managing
 77 | entity; requiring the department to develop and
 78 | incorporate measurable outcome standards while

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79 | addressing specified goals; providing that managing
 80 | entities may earn designation as coordinated care
 81 | organizations by developing and implementing a plan
 82 | that achieves a certain goal; providing requirements
 83 | for the plan; providing for earning and maintaining
 84 | the designation of a managing entity as a coordinated
 85 | care organization; requiring the department to seek
 86 | input from certain entities and persons before
 87 | designating a managing entity as a coordinated care
 88 | organization; providing that a comprehensive range of
 89 | services includes specified elements; revising the
 90 | criteria for which the department may adopt rules and
 91 | contractual standards related to the qualification and
 92 | operation of managing entities; deleting certain
 93 | departmental responsibilities; deleting a provision
 94 | requiring an annual report to the Legislature;
 95 | authorizing, rather than requiring, the department to
 96 | adopt rules; amending s. 397.311, F.S.; defining the
 97 | term "informed consent"; amending s. 397.321, F.S.;
 98 | requiring the Department of Children and Families to
 99 | develop, implement, and maintain standards and
 100 | protocols for the collection of utilization data for
 101 | substance abuse services provided through department
 102 | funding; specifying data to be collected; requiring
 103 | reconciliation of data; providing timeframes for the
 104 | collection and submission of data; requiring the

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105 department to create a statewide database for the
 106 data; requiring the department to adopt rules;
 107 deleting a requirement for the department to appoint a
 108 substance abuse impairment coordinator; creating s.
 109 397.402, F.S.; requiring that the department and the
 110 agency submit a plan to the Governor and Legislature
 111 by a specified date with options for modifying certain
 112 licensure rules and procedures to provide for a
 113 single, consolidated license for providers that offer
 114 multiple types of mental health and substance abuse
 115 services; amending s. 397.6772, F.S.; requiring
 116 officers to use standard forms developed by the
 117 department to detail the circumstances under which a
 118 person was taken into custody under the Marchman Act;
 119 amending s. 397.6793, F.S.; deleting a requirement for
 120 a physician's certificate to indicate whether a person
 121 requires transportation assistance for delivery for
 122 emergency admission and what type of assistance is
 123 necessary; amending s. 397.681, F.S.; prohibiting the
 124 court from charging a fee for the filing of petitions
 125 for involuntary assessment and stabilization and
 126 involuntary treatment; amending s. 397.6955, F.S.;
 127 allowing a continuance to be granted for a hearing on
 128 involuntary treatment of a substance abuse impaired
 129 person; amending s. 397.697, F.S.; allowing the court
 130 to order a respondent to undergo treatment through a

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131 | privately funded licensed service provider under
 132 | certain conditions; amending s. 409.967, F.S.;
 133 | requiring that certain plans or contracts include
 134 | specified requirements; amending s. 409.973, F.S.;
 135 | requiring each plan operating in the managed medical
 136 | assistance program to work with the managing entity to
 137 | establish specific organizational supports and service
 138 | protocols; amending s. 491.0045, F.S.; limiting an
 139 | intern registration to 5 years; providing timelines
 140 | for expiration of certain intern registrations;
 141 | providing requirements for issuance of subsequent
 142 | registrations; prohibiting an individual who held a
 143 | provisional license from the board from applying for
 144 | an intern registration in the same profession;
 145 | repealing s. 394.4674, F.S., relating to a plan and
 146 | report; repealing s. 394.4985, F.S., relating to
 147 | districtwide information and referral network and
 148 | implementation; repealing s. 394.745, F.S., relating
 149 | to an annual report and compliance of providers under
 150 | contract with the department; repealing s.397.311 and
 151 | 397.331, F.S., relating to definitions; repealing s.
 152 | 397.333, F.S., relating to the Statewide Drug Policy
 153 | Advisory Council; repealing s.397.6772, 397.697,
 154 | 397.801, F.S., relating to substance abuse impairment
 155 | coordination; repealing s. 397.811, F.S., relating to
 156 | juvenile substance abuse impairment coordination;

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157 | repealing s. 397.821, F.S., relating to juvenile
 158 | substance abuse impairment prevention and early
 159 | intervention councils; repealing s. 397.901, F.S.,
 160 | relating to prototype juvenile addictions receiving
 161 | facilities; repealing s. 397.93, F.S., relating to
 162 | children's substance abuse services and target
 163 | populations; repealing s. 397.94, F.S., relating to
 164 | children's substance abuse services and the
 165 | information and referral network; repealing s.
 166 | 397.951, F.S., relating to treatment and sanctions;
 167 | repealing s. 397.97, F.S., relating to children's
 168 | substance abuse services and demonstration models;
 169 | repealing s. 397.98, F.S., relating to children's
 170 | substance abuse services and utilization management;
 171 | amending ss. 212.055, 394.9085, 397.405, 397.407,
 172 | 397.416, 409.966, and 440.102, F.S.; conforming
 173 | provisions and cross-references to changes made by the
 174 | act; reenacting ss. 39.407(6)(a), 394.67(21),
 175 | 394.674(1)(b), 394.676(1), 409.1676(2)(c), and
 176 | 409.1677(1)(b), F.S., relating to the term "suitable
 177 | for residential treatment" or "suitability," the term
 178 | "residential treatment center for children and
 179 | adolescents," children's mental health services, the
 180 | indigent psychiatric medication program, and the term
 181 | "serious behavioral problems," respectively, to
 182 | incorporate the amendment made by the act to s.

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183 394.492, F.S., in references thereto; amending ss.
 184 943.031 and 943.042, F.S.; conforming provisions and
 185 cross-references to changes made by the act; providing
 186 effective dates.

187

188 Be It Enacted by the Legislature of the State of Florida:

189 Section 1. Section 394.4597, Florida Statutes, is amended
 190 to read:

191 394.4597 Persons to be notified; appointment of a
 192 patient's representative.—

193 (1) VOLUNTARY PATIENTS.— At the time a patient is
 194 voluntarily admitted to a receiving or treatment facility, the
 195 patient shall be asked to identify a person to be notified in
 196 case of an emergency, and the identity and contact information
 197 of that a person to be notified in case of an emergency shall be
 198 entered in the patient's clinical record.

199 (2) INVOLUNTARY PATIENTS.—

200 (a) At the time a patient is admitted to a facility for
 201 involuntary examination or placement, or when a petition for
 202 involuntary placement is filed, the names, addresses, and
 203 telephone numbers of the patient's guardian or guardian
 204 advocate, or representative if the patient has no guardian, and
 205 the patient's attorney shall be entered in the patient's
 206 clinical record.

207 (b) If the patient has no guardian, the patient shall be
 208 asked to designate a representative. If the patient is unable or

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209 | unwilling to designate a representative, the facility shall
 210 | select a representative.

211 | (c) The patient shall be consulted with regard to the
 212 | selection of a representative by the receiving or treatment
 213 | facility and shall have authority to request that any such
 214 | representative be replaced.

215 | (d) If ~~When~~ the receiving or treatment facility selects a
 216 | representative, first preference shall be given to a health care
 217 | surrogate, if one has been previously selected by the patient.
 218 | If the patient has not previously selected a health care
 219 | surrogate, the selection, except for good cause documented in
 220 | the patient's clinical record, shall be made from the following
 221 | list in the order of listing:

- 222 | 1. The patient's spouse.
- 223 | 2. An adult child of the patient.
- 224 | 3. A parent of the patient.
- 225 | 4. The adult next of kin of the patient.
- 226 | 5. An adult friend of the patient.
- 227 | 6. The appropriate Florida local advocacy council as
 228 | provided in s. 402.166.

229 | (e) The following persons are prohibited from selection as
 230 | a patient's representative:

- 231 | 1. A professional providing clinical services to the
 232 | patient under this part;
- 233 | 2. The licensed professional who initiated the involuntary
 234 | examination of the patient, if the examination was initiated by

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235 professional certificate;

236 3. An employee, administrator, or board member of the
 237 facility providing the examination of the patient;

238 4. An employee, administrator, or board member of a
 239 treatment facility providing treatment of the patient;

240 5. A person providing any substantial professional
 241 services to the patient, including clinical and nonclinical
 242 services;

243 6. A creditor of the patient;

244 7. A person subject to an injunction for protection
 245 against domestic violence under s. 741.30, whether the order of
 246 injunction is temporary or final, and for which the patient was
 247 the petitioner; and

248 8. A person subject to an injunction for protection
 249 against repeat violence, sexual violence, or dating violence
 250 under s. 784.046, whether the order of injunction is temporary
 251 or final, and for which the patient was the petitioner.

252 ~~(e) A licensed professional providing services to the~~
 253 ~~patient under this part, an employee of a facility providing~~
 254 ~~direct services to the patient under this part, a department~~
 255 ~~employee, a person providing other substantial services to the~~
 256 ~~patient in a professional or business capacity, or a creditor of~~
 257 ~~the patient shall not be appointed as the patient's~~
 258 ~~representative.~~

259 (f) The representative selected by the patient or
 260 designated by the facility has the right to:

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- 261 1. Receive notice of the patient's admission;
- 262 2. Receive notice of proceedings affecting the patient;
- 263 3. Have immediate access to the patient unless such access
 264 is documented to be detrimental to the patient;
- 265 4. Receive notice of any restriction of the patient's
 266 right to communicate or receive visitors;
- 267 5. Receive a copy of the inventory of personal effects
 268 upon the patient's admission and to request an amendment to the
 269 inventory at any time;
- 270 6. Receive disposition of the patient's clothing and
 271 personal effects if not returned to the patient, or to approve
 272 an alternate plan;
- 273 7. Petition on behalf of the patient for a writ of habeas
 274 corpus to question the cause and legality of the patient's
 275 detention or to allege that the patient is being unjustly denied
 276 a right or privilege granted under this part, or that a
 277 procedure authorized under this part is being abused;
- 278 8. Apply for a change of venue for the patient's
 279 involuntary placement hearing for the convenience of the parties
 280 or witnesses or because of the patient's condition;
- 281 9. Receive written notice of any restriction of the
 282 patient's right to inspect his or her clinical record;
- 283 10. Receive notice of the release of the patient from a
 284 receiving facility where an involuntary examination was
 285 performed;
- 286 11. Receive a copy of any petition for the patient's

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287 involuntary placement filed with the court; and

288 12. Be informed by the court of the patient's right to an
 289 independent expert evaluation pursuant to involuntary placement
 290 procedures.

291 Section 2. Section 394.4612, Florida Statutes, is amended
 292 to read:

293 394.4612 Coordinated receiving systems; integrated adult
 294 mental health crisis stabilization and addictions receiving
 295 facilities.-

296 (1) By June 30, 2017, each county shall have a coordinated
 297 receiving system for addressing acute behavioral health care
 298 needs, including both mental health and substance abuse. The
 299 coordinated receiving system shall have the goal of providing
 300 the most effective and timely care to the greatest number of
 301 individuals. It shall consist of providers and systems involved
 302 in addressing acute behavioral health care needs, including at a
 303 minimum any central receiving facility, if one exists, or other
 304 facility performing acute behavioral health care triaging
 305 functions for the community, crisis stabilization units,
 306 detoxification units, addiction receiving facilities, hospitals,
 307 and law enforcement serving the county, who have written
 308 agreements and system-wide operational policies documenting
 309 coordinated methods of triage, diversion, and acute behavioral
 310 health care provision.

311 a. The managing entity, in cooperation with the county,
 312 shall lead the development and documentation of the coordinated

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313 receiving system for each county within its area if one does not
 314 currently exist. The managing entity shall involve other
 315 providers and systems involved in addressing the county's acute
 316 behavioral health care needs in developing the coordinated
 317 receiving system, and all such entities licensed or funded by
 318 the department, licensed by the Agency for Health Care
 319 Administration, or funded or operated by the Department of
 320 Health shall cooperate with the development and implementation
 321 of the plan. The plan must be able to be implemented within
 322 current resources.

323 b. The managing entity shall also develop a plan by
 324 December 31, 2017, for directing phased enhancement of the
 325 coordinated receiving system based on the assessed acute
 326 behavioral health care needs of the county and system gaps,
 327 giving consideration to best practices and promising practices
 328 for diverting individuals from the acute behavioral health care
 329 system and addressing their needs once in the system in the most
 330 effective and cost-effective manner. The managing entity shall
 331 involve other providers and systems involved in addressing the
 332 county's acute care needs in developing the plan.

333 (2) Each county shall have a transportation plan that
 334 supports the seamless functioning of the coordinated receiving
 335 system within available resources. The managing entity shall
 336 develop the transportation plan jointly with the county by June
 337 30, 2017, and shall involve other providers and systems involved
 338 in addressing the county's acute care needs in developing the

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339 plan. Before a plan may take effect, the plan must first be
 340 approved by the governing boards of any affected counties, which
 341 must certify their approval of the plan in writing to the
 342 department, and then subsequently be approved by the department.

343 Upon department approval, the plan shall supersede the
 344 transportation requirements of ss. 394.462, 394.4685, and
 345 397.6795. At a minimum, the transportation plan must address:

346 (a) The methodology for determining the public or private
 347 receiving facility to which an individual shall be transported.
 348 The plan shall provide for consumer choice of receiving facility
 349 or other designated facility, or other acute care service
 350 provider capable of meeting their needs, within reasonable
 351 parameters of funding, geography, and safety.

352 (b) The method of transporting individuals after law
 353 enforcement has relinquished physical custody at a designated
 354 public or private receiving facility or residential
 355 detoxification facility for substance abuse.

356 (c) The entities or persons responsible for transporting
 357 persons in need to and between facilities in support of
 358 involuntary assessments or examinations, emergency services,
 359 acute care placements, and involuntary court proceedings and
 360 resulting commitments, and the means by which they will be
 361 transported.

362 (3) The Agency for Health Care Administration, in
 363 consultation with the Department of Children and Families, may
 364 license facilities that integrate services provided in an adult

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365 mental health crisis stabilization unit with services provided
 366 in an adult addictions receiving facility. Such a facility shall
 367 be licensed by the agency as an adult crisis stabilization unit
 368 under part IV and must meet all licensure requirements for
 369 crisis stabilization units providing integrated services.

370 ~~(2)~~ An integrated mental health crisis stabilization unit
 371 and addictions receiving facility may provide services under
 372 this section to adults who are 18 years of age or older and who
 373 fall into one or more of the following categories:

374 (a) An adult meeting the requirements for voluntary
 375 admission for mental health treatment under s. 394.4625.

376 (b) An adult meeting the criteria for involuntary
 377 examination for mental illness under s. 394.463.

378 (c) An adult qualifying for voluntary admission for
 379 substance abuse treatment under s. 397.601.

380 (d) An adult meeting the criteria for involuntary
 381 admission for substance abuse impairment under s. 397.675.

382 (4)~~(3)~~ The department, in consultation with the agency,
 383 shall adopt by rule standards that address eligibility criteria;
 384 clinical procedures; staffing requirements; operational,
 385 administrative, and financing requirements; and the
 386 investigation of complaints.

387 Section 3. Effective July 1, 2018, sections 394.462,
 388 394.4685 and 397.6795, Florida Statutes, are repealed.

389 Section 4. Subsection (6) of section 394.467, Florida
 390 Statutes, is amended to read:

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391 394.467 Involuntary inpatient placement.—

392 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

393 (a)1. The court shall hold the hearing on involuntary
 394 inpatient placement within 5 days, unless a continuance is
 395 granted. The hearing shall be held in the county where the
 396 patient is located and shall be as convenient to the patient as
 397 may be consistent with orderly procedure and shall be conducted
 398 in physical settings not likely to be injurious to the patient's
 399 condition. If the court finds that the patient's attendance at
 400 the hearing is not consistent with the best interests of the
 401 patient, and the patient's counsel does not object, the court
 402 may waive the presence of the patient from all or any portion of
 403 the hearing. The state attorney for the circuit in which the
 404 patient is located shall represent the state, rather than the
 405 petitioning facility administrator, as the real party in
 406 interest in the proceeding.

407 2. The court may appoint a general or special magistrate
 408 to preside at the hearing. One of the professionals who executed
 409 the involuntary inpatient placement certificate shall be a
 410 witness. The patient and the patient's guardian or
 411 representative shall be informed by the court of the right to an
 412 independent expert examination. If the patient cannot afford
 413 such an examination, the court shall provide for one. The
 414 independent expert's report shall be confidential and not
 415 discoverable, unless the expert is to be called as a witness for
 416 the patient at the hearing. The testimony in the hearing must be

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417 given under oath, and the proceedings must be recorded. The
 418 patient may refuse to testify at the hearing.

419 (b) If the court concludes that the patient meets the
 420 criteria for involuntary inpatient placement, it shall order
 421 that the patient be transferred to a treatment facility or, if
 422 the patient is at a treatment facility, that the patient be
 423 retained there or be treated at any other appropriate receiving
 424 or treatment facility, or that the patient receive services from
 425 a receiving or treatment facility, on an involuntary basis, for
 426 a period of up to 6 months. The order shall specify the nature
 427 and extent of the patient's mental illness. The court may not
 428 order an individual with traumatic brain injury or dementia who
 429 lacks a co-occurring mental illness to be involuntarily placed
 430 in a state treatment facility. The facility shall discharge a
 431 patient any time the patient no longer meets the criteria for
 432 involuntary inpatient placement, unless the patient has
 433 transferred to voluntary status.

434 (c) If at any time prior to the conclusion of the hearing
 435 on involuntary inpatient placement it appears to the court that
 436 the person does not meet the criteria for involuntary inpatient
 437 placement under this section, but instead meets the criteria for
 438 involuntary outpatient placement, the court may order the person
 439 evaluated for involuntary outpatient placement pursuant to s.
 440 394.4655. The petition and hearing procedures set forth in s.
 441 394.4655 shall apply. If the person instead meets the criteria
 442 for involuntary assessment, protective custody, or involuntary

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443 admission pursuant to s. 397.675, then the court may order the
 444 person to be admitted for involuntary assessment for a period of
 445 5 days pursuant to s. 397.6811. Thereafter, all proceedings
 446 shall be governed by chapter 397.

447 (d) At the hearing on involuntary inpatient placement, the
 448 court shall consider testimony and evidence regarding the
 449 patient's competence to consent to treatment. If the court finds
 450 that the patient is incompetent to consent to treatment, it
 451 shall appoint a guardian advocate as provided in s. 394.4598.

452 (e) The administrator of the receiving facility shall
 453 provide a copy of the court order and adequate documentation of
 454 a patient's mental illness to the administrator of a treatment
 455 facility whenever a patient is ordered for involuntary inpatient
 456 placement, whether by civil or criminal court. The documentation
 457 shall include any advance directives made by the patient, a
 458 psychiatric evaluation of the patient, and any evaluations of
 459 the patient performed by a clinical psychologist, a marriage and
 460 family therapist, a mental health counselor, or a clinical
 461 social worker. The administrator of a treatment facility may
 462 refuse admission to any patient directed to its facilities on an
 463 involuntary basis, whether by civil or criminal court order, who
 464 is not accompanied at the same time by adequate orders and
 465 documentation.

466 Section 5. Subsections (1), (4), (5), and (6) of section
 467 394.492, Florida Statutes, are amended to read:

468 394.492 Definitions.—As used in ss. 394.490–394.497, the

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469 term:

470 (1) "Adolescent" means a person who is at least 13 years
471 of age but under 21 ~~18~~ years of age.

472 (4) "Child or adolescent at risk of emotional disturbance"
473 means a person under 21 ~~18~~ years of age who has an increased
474 likelihood of becoming emotionally disturbed because of risk
475 factors that include, but are not limited to:

476 (a) Being homeless.

477 (b) Having a family history of mental illness.

478 (c) Being physically or sexually abused or neglected.

479 (d) Abusing alcohol or other substances.

480 (e) Being infected with human immunodeficiency virus
481 (HIV).

482 (f) Having a chronic and serious physical illness.

483 (g) Having been exposed to domestic violence.

484 (h) Having multiple out-of-home placements.

485 (5) "Child or adolescent who has an emotional disturbance"
486 means a person under 21 ~~18~~ years of age who is diagnosed with a
487 mental, emotional, or behavioral disorder of sufficient duration
488 to meet one of the diagnostic categories specified in the most
489 recent edition of the Diagnostic and Statistical Manual of the
490 American Psychiatric Association, but who does not exhibit
491 behaviors that substantially interfere with or limit his or her
492 role or ability to function in the family, school, or community.
493 The emotional disturbance must not be considered to be a
494 temporary response to a stressful situation. The term does not

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495 include a child or adolescent who meets the criteria for
 496 involuntary placement under s. 394.467(1).

497 (6) "Child or adolescent who has a serious emotional
 498 disturbance or mental illness" means a person under 21 ~~18~~ years
 499 of age who:

500 (a) Is diagnosed as having a mental, emotional, or
 501 behavioral disorder that meets one of the diagnostic categories
 502 specified in the most recent edition of the Diagnostic and
 503 Statistical Manual of Mental Disorders of the American
 504 Psychiatric Association; and

505 (b) Exhibits behaviors that substantially interfere with
 506 or limit his or her role or ability to function in the family,
 507 school, or community, which behaviors are not considered to be a
 508 temporary response to a stressful situation.

509
 510 The term includes a child or adolescent who meets the criteria
 511 for involuntary placement under s. 394.467(1).

512 Section 6. Section 394.656, Florida Statutes, is amended
 513 to read:

514 394.656 Criminal Justice, Mental Health, and Substance
 515 Abuse Reinvestment Grant Program.—

516 (1) There is created within the Department of Children and
 517 Families the Criminal Justice, Mental Health, and Substance
 518 Abuse Reinvestment Grant Program. The purpose of the program is
 519 to provide funding to counties with which they can plan,
 520 implement, or expand initiatives that increase public safety,

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521 | avert increased spending on criminal justice, and improve the
 522 | accessibility and effectiveness of treatment services for adults
 523 | and juveniles who have a mental illness, substance abuse
 524 | disorder, or co-occurring mental health and substance abuse
 525 | disorders and who are in, or at risk of entering, the criminal
 526 | or juvenile justice systems.

527 | (2) The department shall establish a Criminal Justice,
 528 | Mental Health, and Substance Abuse Statewide Grant Policy Review
 529 | Committee. The committee shall include:

530 | (a) One representative of the Department of Children and
 531 | Families;

532 | (b) One representative of the Department of Corrections;

533 | (c) One representative of the Department of Juvenile
 534 | Justice;

535 | (d) One representative of the Department of Elderly
 536 | Affairs; ~~and~~

537 | (e) One representative of the Office of the State Courts
 538 | Administrator;

539 | (f) One representative of the Department of Veterans'
 540 | Affairs;

541 | (g) One representative of the Florida Sheriffs
 542 | Association;

543 | (h) One representative of the Florida Police Chiefs
 544 | Association;

545 | (i) One representative of the Florida Association of
 546 | Counties;

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547 (j) One representative of the Florida Alcohol and Drug
 548 Abuse Association;

549 (k) One representative of the Florida Association of
 550 Managing Entities;

551 (l) One representative of the Florida Council for
 552 Community Mental Health; and

553 (m) One administrator of a state-licensed limited mental
 554 health assisted living facility.

555 (3) The committee shall serve as the advisory body to
 556 review policy and funding issues that help reduce the impact of
 557 persons with mental illnesses and substance use disorders on
 558 communities, criminal justice agencies, and the court system.

559 The committee shall advise the department in selecting
 560 priorities for grants and investing awarded grant moneys.

561 (4) The department shall create a grant review and
 562 selection committee that has experience in substance use and
 563 mental health disorders, community corrections, and law
 564 enforcement. To the extent possible, the ~~members of the~~
 565 committee shall have expertise in ~~grant writing,~~ grant
 566 reviewing, and grant application scoring.

567 (5)~~(3)~~(a) A county, or not-for-profit community provider
 568 or managing entity designated by the county planning council or
 569 committee, as described in s. 394.657, may apply for a 1-year
 570 planning grant or a 3-year implementation or expansion grant.
 571 The purpose of the grants is to demonstrate that investment in
 572 treatment efforts related to mental illness, substance abuse

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573 disorders, or co-occurring mental health and substance abuse
 574 disorders results in a reduced demand on the resources of the
 575 judicial, corrections, juvenile detention, and health and social
 576 services systems.

577 (b) To be eligible to receive a 1-year planning grant or a
 578 3-year implementation or expansion grant:7

579 1. A county applicant must have a ~~county~~ planning council
 580 or committee that is in compliance with the membership
 581 requirements set forth in this section.

582 2. A not-for-profit community provider or managing entity
 583 must be designated by the county planning council or committee
 584 and have written authorization to submit an application. A not-
 585 for-profit community provider or managing entity must have
 586 written authorization for each application it submits.

587 (c) The department may award a 3-year implementation or
 588 expansion grant to an applicant who has not received a 1-year
 589 planning grant.

590 (d) The department may require an applicant to conduct
 591 sequential intercept mapping for a project. For purposes of this
 592 paragraph, the term "sequential intercept mapping" means a
 593 process for reviewing a local community's mental health,
 594 substance abuse, criminal justice, and related systems and
 595 identifying points of interceptions where interventions may be
 596 made to prevent an individual with a substance use disorder or
 597 mental illness from deeper involvement in the criminal justice
 598 system.

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599 (6)~~(4)~~ The grant review and selection committee shall
 600 select the grant recipients and notify the department of
 601 ~~Children and Families~~ in writing of the recipients' names ~~of the~~
 602 ~~applicants who have been selected by the committee to receive a~~
 603 ~~grant~~. Contingent upon the availability of funds and upon
 604 notification by the grant review and selection committee of
 605 those applicants approved to receive planning, implementation,
 606 or expansion grants, the department ~~of Children and Families~~ may
 607 transfer funds appropriated for the grant program to a selected
 608 grant recipient any county awarded a grant.

609 Section 7. Section 394.761, Florida Statutes, is created
 610 to read:

611 394.761 Revenue maximization.—The agency and the
 612 department shall develop a plan to obtain federal approval for
 613 increasing the availability of federal Medicaid funding for
 614 behavioral health care. Increased funding will be used to
 615 advance the goal of improved integration of behavioral health
 616 and primary care services for individuals eligible for Medicaid
 617 through development and effective implementation of coordinated
 618 care organizations as described in s. 394.9082. The agency and
 619 the department shall submit the written plan to the President of
 620 the Senate and the Speaker of the House of Representatives by
 621 November 1, 2016. The plan shall identify the amount of general
 622 revenue funding appropriated for mental health and substance
 623 abuse services which is eligible to be used as state Medicaid
 624 match. The plan must evaluate alternative uses of increased

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625 Medicaid funding, including seeking Medicaid eligibility for the
 626 severely and persistently mentally ill, increased reimbursement
 627 rates for behavioral health services, adjustments to the
 628 capitation rate for Medicaid enrollees with chronic mental
 629 illness and substance use disorders, supplemental payments to
 630 mental health and substance abuse providers through a designated
 631 state health program or other mechanisms, and innovative
 632 programs to provide incentives for improved outcomes for
 633 behavioral health conditions. The plan shall identify the
 634 advantages and disadvantages of each alternative and assess the
 635 potential of each for achieving improved integration of
 636 services. The plan shall identify the types of federal approvals
 637 necessary to implement each alternative and project a timeline
 638 for implementation.

639 Section 8. Paragraph (a) of subsection (1) of section
 640 394.875, Florida Statutes, is amended to read:

641 394.875 Crisis stabilization units, residential treatment
 642 facilities, and residential treatment centers for children and
 643 adolescents; authorized services; license required.—

644 (1) (a) The purpose of a crisis stabilization unit is to
 645 stabilize and redirect a client to the most appropriate and
 646 least restrictive community setting available, consistent with
 647 the client's needs. Crisis stabilization units may screen,
 648 assess, and admit for stabilization persons who present
 649 themselves to the unit and persons who are brought to the unit
 650 under s. 394.463. Clients may be provided 24-hour observation,

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651 medication prescribed by a physician or psychiatrist, and other
 652 appropriate services. Crisis stabilization units shall provide
 653 services regardless of the client's ability to pay ~~and shall be~~
 654 ~~limited in size to a maximum of 30 beds.~~

655 Section 9. Effective upon this act becoming a law, section
 656 394.9082, Florida Statutes, is amended to read:

657 394.9082 Behavioral health managing entities.—

658 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds
 659 that untreated behavioral health disorders constitute major
 660 health problems for residents of this state, are a major
 661 economic burden to the citizens of this state, and substantially
 662 increase demands on the state's juvenile and adult criminal
 663 justice systems, the child welfare system, and health care
 664 systems. The Legislature finds that behavioral health disorders
 665 respond to appropriate treatment, rehabilitation, and supportive
 666 intervention. The Legislature finds that the state's return on
 667 its it has made a substantial long-term investment in the
 668 funding of the community-based behavioral health prevention and
 669 treatment service systems and facilities can be enhanced for
 670 individuals also served by Medicaid through integration of these
 671 services with primary care and for individuals not served by
 672 Medicaid through coordination of these services with primary
 673 care in order to provide critical emergency, acute care,
 674 residential, outpatient, and rehabilitative and recovery-based
 675 services. The Legislature finds that local communities have also
 676 made substantial investments in behavioral health services,

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677 | contracting with safety net providers who by mandate and mission
 678 | provide specialized services to vulnerable and hard-to-serve
 679 | populations and have strong ties to local public health and
 680 | public safety agencies. The Legislature finds that a regional
 681 | management structure that facilitates a comprehensive and
 682 | cohesive system of coordinated care for ~~places the~~
 683 | ~~responsibility for publicly financed~~ behavioral health treatment
 684 | and prevention services ~~within a single private, nonprofit~~
 685 | ~~entity at the local level~~ will improve ~~promote improved~~ access
 686 | to care, promote service continuity, and provide for more
 687 | efficient and effective delivery of substance abuse and mental
 688 | health services. The Legislature finds that streamlining
 689 | administrative processes will create cost efficiencies and
 690 | provide flexibility to better match available services to
 691 | consumers' identified needs.

692 | (2) DEFINITIONS.—As used in this section, the term:

693 | (a) "Behavioral health services" means mental health
 694 | services and substance abuse prevention and treatment services
 695 | as defined in this chapter and chapter 397 which are provided
 696 | using state and federal funds.

697 | (b) "Coordinated care organization" means a managing
 698 | entity that has earned designation by the department as having
 699 | achieved the standards required in subsection (5).

700 | ~~"Decisionmaking model" means a comprehensive management~~
 701 | ~~information system needed to answer the following management~~
 702 | ~~questions at the federal, state, regional, circuit, and local~~

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703 ~~provider levels: who receives what services from which providers~~
 704 ~~with what outcomes and at what costs?~~

705 (c) "Geographic area" means one or more contiguous
 706 counties, circuits a county, circuit, regional, or regions as
 707 described in s. 409.966 ~~multiregional area in this state.~~

708 (d) "Managed behavioral health organization" means a
 709 Medicaid managed care organization currently under contract with
 710 the Medicaid managed medical assistance program in this state
 711 pursuant to part IV of chapter 409, including a managed care
 712 organization operating as a behavioral health specialty plan.

713 (e) ~~(d)~~ "Managing entity" means a corporation that is
 714 selected by ~~organized in this state, is designated or filed as a~~
 715 ~~nonprofit organization under s. 501(c)(3) of the Internal~~
 716 ~~Revenue Code, and is under contract to the department to~~ execute
 717 the administrative duties specified in subsection (5) to
 718 facilitate the ~~manage the day-to-day operational~~ delivery of
 719 behavioral health services through a coordinated ~~an organized~~
 720 system of care.

721 (f) ~~(e)~~ "Provider networks" mean the direct service
 722 agencies ~~that are~~ under contract with a managing entity to
 723 provide behavioral health services. The provider network may
 724 also include noncontracted providers as partners in the delivery
 725 of coordinated care and ~~that together constitute~~ a comprehensive
 726 array of emergency, acute care, residential, outpatient,
 727 recovery support, and consumer support services.

728 ~~(3) SERVICE DELIVERY STRATEGIES. The department may work~~

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729 ~~through managing entities to develop service delivery strategies~~
 730 ~~that will improve the coordination, integration, and management~~
 731 ~~of the delivery of behavioral health services to people who have~~
 732 ~~mental or substance use disorders. It is the intent of the~~
 733 ~~Legislature that a well-managed service delivery system will~~
 734 ~~increase access for those in need of care, improve the~~
 735 ~~coordination and continuity of care for vulnerable and high-risk~~
 736 ~~populations, and redirect service dollars from restrictive care~~
 737 ~~settings to community-based recovery services.~~

738 ~~(3)-(4)~~ CONTRACT FOR SERVICES.-

739 (a)1. The department shall ~~may~~ contract for the purchase
 740 and management of behavioral health services with not-for-profit
 741 community-based organizations with competence in managing
 742 networks of providers serving persons with mental health and
 743 substance use disorders to serve as managing entities. However,
 744 if fewer than two responsive bids are received to a solicitation
 745 for a managing entity contract, the department shall reissue the
 746 solicitation and managed behavioral health organizations shall
 747 also be eligible to bid. ~~The department may require a managing~~
 748 ~~entity to contract for specialized services that are not~~
 749 ~~currently part of the managing entity's network if the~~
 750 ~~department determines that to do so is in the best interests of~~
 751 ~~consumers of services. The secretary shall determine the~~
 752 ~~schedule for phasing in contracts with managing entities. The~~
 753 ~~managing entities shall, at a minimum, be accountable for the~~
 754 ~~operational oversight of the delivery of behavioral health~~

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755 ~~services funded by the department and for the collection and~~
 756 ~~submission of the required data pertaining to these contracted~~
 757 ~~services.~~

758 2. The department shall require all contractors serving as
 759 managing entities to operate under the same data reporting,
 760 administrative, and administrative rate requirements, regardless
 761 of whether the managing entity is for profit or not for profit.

762 (b) A managing entity shall serve a geographic area
 763 designated by the department. The geographic area must be of
 764 sufficient size in population, funding, and services and have
 765 enough public funds for behavioral health services to allow for
 766 flexibility and ~~maximum~~ efficiency.

767 ~~(b) The operating costs of the managing entity contract~~
 768 ~~shall be funded through funds from the department and any~~
 769 ~~savings and efficiencies achieved through the implementation of~~
 770 ~~managing entities when realized by their participating provider~~
 771 ~~network agencies. The department recognizes that managing~~
 772 ~~entities will have infrastructure development costs during~~
 773 ~~start up so that any efficiencies to be realized by providers~~
 774 ~~from consolidation of management functions, and the resulting~~
 775 ~~savings, will not be achieved during the early years of~~
 776 ~~operation. The department shall negotiate a reasonable and~~
 777 ~~appropriate administrative cost rate with the managing entity.~~
 778 ~~The Legislature intends that reduced local and state contract~~
 779 ~~management and other administrative duties passed on to the~~
 780 ~~managing entity allows funds previously allocated for these~~

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781 ~~purposes to be proportionately reduced and the savings used to~~
 782 ~~purchase the administrative functions of the managing entity.~~
 783 ~~Policies and procedures of the department for monitoring~~
 784 ~~contracts with managing entities shall include provisions for~~
 785 ~~eliminating duplication of the department's and the managing~~
 786 ~~entities' contract management and other administrative~~
 787 ~~activities in order to achieve the goals of cost-effectiveness~~
 788 ~~and regulatory relief. To the maximum extent possible, provider-~~
 789 ~~monitoring activities shall be assigned to the managing entity.~~

790 ~~(c) Contracting and payment mechanisms for services must~~
 791 ~~promote clinical and financial flexibility and responsiveness~~
 792 ~~and must allow different categorical funds to be integrated at~~
 793 ~~the point of service. The contracted service array must be~~
 794 ~~determined by using public input, needs assessment, and~~
 795 ~~evidence-based and promising best practice models. The~~
 796 ~~department may employ care management methodologies, prepaid~~
 797 ~~capitation, and case rate or other methods of payment which~~
 798 ~~promote flexibility, efficiency, and accountability.~~

799 (c) Duties of the managing entity include:

800 1. Assessing community needs for behavioral health
 801 services and determining the optimal array of services to meet
 802 those needs within available resources, including, but not
 803 limited to, those services provided in subsection (6);

804 2. Contracting with providers to provide services to
 805 address community needs;

806 3. Monitoring provider performance through application of

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807 nationally recognized standards;
 808 4. Collecting and reporting data, including use of a
 809 unique identifier developed by the department to facilitate
 810 consumer care coordination, and using such data to continually
 811 improve the system of care;
 812 5. Facilitating effective provider relationships and
 813 arrangements that support coordinated service delivery and
 814 continuity of care, including relationships and arrangements
 815 with those other systems with which individuals with behavioral
 816 health needs interact;
 817 6. Continually working independently and in collaboration
 818 with stakeholders, including, but not limited to, local
 819 government, to improve access to and effectiveness, quality, and
 820 outcomes of safety-net behavioral health services and the
 821 managing entity system of care, through means, including, but
 822 not limited to, facilitating the dissemination and use of
 823 evidence-informed practices;
 824 7. Securing local matching funds; and
 825 8. Administrative and fiscal management duties necessary
 826 to comply with federal requirements for the Substance Abuse and
 827 Mental Health Services grant.
 828 (d) No later than July 1, 2017, the department shall
 829 revise contracts with all current managing entities. The revised
 830 contract shall be for a term of 5 years with an option to renew
 831 for an additional 5 years. The revised contract will be
 832 performance-based, which means the contract establishes a

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833 limited number of measurable outcomes, sets timelines for
 834 achievement of those outcomes that are characterized by specific
 835 milestones, and establishes a schedule of penalties scaled to
 836 the nature and significance of the performance failure. The
 837 contract shall provide specific milestones that managing
 838 entities must meet to ensure that they timely earn the
 839 coordinated care organization designation pursuant to subsection
 840 (5) and shall require managing entities to be evaluated at least
 841 annually to determine their compliance with these milestones.
 842 Such penalties may include a corrective action plan, liquidated
 843 damages, or termination of the contract.

844 (e) The revised contract must establish a clear and
 845 consistent framework for managing limited resources to serve
 846 priority populations identified in federal regulations and state
 847 law.

848 (f) In developing the revised contract, the department
 849 must consult with current managing entities and behavioral
 850 health service providers.

851 (g) The revised contract must incorporate a plan prepared
 852 by the managing entity that describes how the managing entity
 853 and the provider network in the region will earn, no later than
 854 July 1, 2020, the designation of coordinated care organization
 855 pursuant to subsection (5). The department may terminate a
 856 contract with a managing entity for causes specified in the
 857 contract and shall terminate a contract for the managing
 858 entity's failure to earn designation as a coordinated care

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859 organization in accordance with the plan approved by the
 860 department.

861 (h) The contract terms shall require that when the
 862 contractor serving as the managing entity changes, the
 863 department shall develop and implement a transition plan that
 864 ensures continuity of care for patients receiving behavioral
 865 health services.

866 (i) When necessary due to contract termination or the
 867 expiration of the allowable contract term, the department shall
 868 issue an invitation to negotiate in order to select an
 869 organization to serve as a managing entity pursuant to paragraph
 870 (a). The department shall consider the input and recommendations
 871 of the provider network and community stakeholders when
 872 selecting a new contractor. The invitation to negotiate shall
 873 specify the criteria and the relative weight of the criteria
 874 that will be used in selecting the new contractor. The
 875 department must consider all of the following factors:

876 1. Experience serving persons with mental health and
 877 substance use disorders.

878 2. Establishment of community partnerships with behavioral
 879 health providers.

880 3. Demonstrated organizational capabilities for network
 881 management functions.

882 4. Capability to coordinate behavioral health with primary
 883 care services.

884 (4)-(5) GOALS.—The department must develop and incorporate

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885 into the revised contract with the managing entities,
 886 measureable outcome standards that address the following goals
 887 ~~goal of the service delivery strategies is to provide a design~~
 888 ~~for an effective coordination, integration, and management~~
 889 ~~approach for delivering effective behavioral health services to~~
 890 ~~persons who are experiencing a mental health or substance abuse~~
 891 ~~crisis, who have a disabling mental illness or a substance use~~
 892 ~~or co-occurring disorder, and require extended services in order~~
 893 ~~to recover from their illness, or who need brief treatment or~~
 894 ~~longer-term supportive interventions to avoid a crisis or~~
 895 ~~disability. Other goals include:~~

896 (a) The provider network in the region delivers effective,
 897 quality services that are evidence-informed, coordinated, and
 898 integrated with programs such as vocational rehabilitation,
 899 education, child welfare, juvenile justice, and criminal
 900 justice, and coordinated with primary care services.

901 (b)-(a) Behavioral health services supported with public
 902 funds are accountable to the public and responsive to local
 903 needs ~~Improving accountability for a local system of behavioral~~
 904 ~~health care services to meet performance outcomes and standards~~
 905 ~~through the use of reliable and timely data.~~

906 (c)-(b) Interactions and relationships among members of the
 907 provider network are supported and facilitated by the managing
 908 entity through such means as the sharing of data and information
 909 in order to effectively coordinate services and provide
 910 continuity of care for priority populations ~~Enhancing the~~

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911 ~~continuity of care for all children, adolescents, and adults who~~
 912 ~~enter the publicly funded behavioral health service system.~~

913 ~~(c) Preserving the "safety net" of publicly funded~~
 914 ~~behavioral health services and providers, and recognizing and~~
 915 ~~ensuring continued local contributions to these services, by~~
 916 ~~establishing locally designed and community-monitored systems of~~
 917 ~~care.~~

918 ~~(d) Providing early diagnosis and treatment interventions~~
 919 ~~to enhance recovery and prevent hospitalization.~~

920 ~~(e) Improving the assessment of local needs for behavioral~~
 921 ~~health services.~~

922 ~~(f) Improving the overall quality of behavioral health~~
 923 ~~services through the use of evidence-based, best practice, and~~
 924 ~~promising practice models.~~

925 ~~(g) Demonstrating improved service integration between~~
 926 ~~behavioral health programs and other programs, such as~~
 927 ~~vocational rehabilitation, education, child welfare, primary~~
 928 ~~health care, emergency services, juvenile justice, and criminal~~
 929 ~~justice.~~

930 ~~(h) Providing for additional testing of creative and~~
 931 ~~flexible strategies for financing behavioral health services to~~
 932 ~~enhance individualized treatment and support services.~~

933 ~~(i) Promoting cost-effective quality care.~~

934 ~~(j) Working with the state to coordinate admissions and~~
 935 ~~discharges from state civil and forensic hospitals and~~
 936 ~~coordinating admissions and discharges from residential~~

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937 ~~treatment centers.~~

938 ~~(k) Improving the integration, accessibility, and~~
 939 ~~dissemination of behavioral health data for planning and~~
 940 ~~monitoring purposes.~~

941 ~~(l) Promoting specialized behavioral health services to~~
 942 ~~residents of assisted living facilities.~~

943 ~~(m) Working with the state and other stakeholders to~~
 944 ~~reduce the admissions and the length of stay for dependent~~
 945 ~~children in residential treatment centers.~~

946 ~~(n) Providing services to adults and children with co-~~
 947 ~~occurring disorders of mental illnesses and substance abuse~~
 948 ~~problems.~~

949 ~~(o) Providing services to elder adults in crisis or at-~~
 950 ~~risk for placement in a more restrictive setting due to a~~
 951 ~~serious mental illness or substance abuse.~~

952 (5) COORDINATED CARE ORGANIZATION DESIGNATION.-

953 (a) Managing entities earn the coordinated care
 954 organization designation by developing and implementing a plan
 955 that enables the members of the provider network, including
 956 those under contract to the managing entity as well as other
 957 noncontracted community service providers, to work together with
 958 each other and with systems such as the child welfare system,
 959 criminal justice system, and Medicaid system, to improve
 960 outcomes for individuals with mental health and substance use
 961 disorders. The plan must:

962 1. Assess working relationships among providers of a

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963 comprehensive range of services as described in subsection (6)
 964 and the nature and degree of coordination with other major
 965 systems with which individuals with behavioral health needs
 966 interact, and propose strategies for improving access to care
 967 for priority populations;

968 2. Identify gaps in the current system of care and propose
 969 methods for improving continuity and effectiveness of care;

970 3. Assess current methods and capabilities for consumer
 971 care coordination and propose enhancements to increase the
 972 number of individuals served and the effectiveness of care
 973 coordination services; and

974 4. Result from a collaborative effort of providers in the
 975 region which is facilitated and documented by the managing
 976 entity and includes stakeholder input.

977 (b) In order to earn the coordinated care organization
 978 designation, the managing entity must document working
 979 relationships among providers established through written
 980 coordination agreements that define common protocols for intake
 981 and assessment, create methods of data sharing, institute joint
 982 operational procedures, provide for integrated care planning and
 983 case management, and initiate cooperative evaluation procedures.

984 (c) Before designating a managing entity as a coordinated
 985 care organization, the department must seek input from the
 986 providers and other community stakeholders to assess the
 987 effectiveness of entity's coordination efforts.

988 (d) After earning the coordinated care organization

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989 designation, the managing entity must maintain coordinated care
 990 organization status by documenting the ongoing use and
 991 continuous improvement of the coordination methods specified in
 992 the written agreements.

993 (6) ~~ESSENTIAL ELEMENTS. It is the intent of the~~
 994 ~~Legislature that the department may plan for and enter into~~
 995 ~~contracts with managing entities to manage care in geographical~~
 996 ~~areas throughout the state.~~

997 (a) A comprehensive range of services includes the
 998 following essential elements:

999 1. A coordinated receiving system as provided in s. 39*-
 1000 4.4612.

1001 2. Crisis services, including, at a minimum, crisis
 1002 stabilization units.

1003 3. Case management and consumer care coordination. To the
 1004 extent allowed by available resources, the managing entity shall
 1005 provide for consumer care coordination to facilitate the
 1006 appropriate delivery of behavioral health care services in the
 1007 least restrictive setting based on standardized level of care
 1008 determinations, recommendations by a treating practitioner, and
 1009 the needs of the consumer and his or her family, as appropriate.
 1010 In addition to treatment services, consumer care coordination
 1011 shall address the recovery support needs of the consumer and
 1012 shall involve coordination with other local systems and
 1013 entities, public and private, which are involved with the
 1014 consumer, such as primary health care, child welfare, behavioral

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1015 health care, and criminal and juvenile justice organizations.
 1016 Consumer care coordination shall be provided to populations in
 1017 the following order of priority:

1018 a.(I) Individuals with serious mental illness or substance
 1019 use disorders who have experienced multiple arrests, involuntary
 1020 commitments, admittances to a state mental health treatment
 1021 facility, or episodes of incarceration or have been placed on
 1022 conditional release for a felony or violated a condition of
 1023 probation multiple times as a result of their behavioral health
 1024 condition.

1025 (II) Individuals in state treatment facilities who are on
 1026 the wait list for community-based care.

1027 b.(I) Individuals in receiving facilities or crisis
 1028 stabilization units who are on the wait list for a state
 1029 treatment facility.

1030 (II) Children who are involved in the child welfare system
 1031 but are not in out-of-home care, except that the community-based
 1032 care lead agency shall remain responsible for services required
 1033 pursuant to s. 409.988.

1034 (III) Parents or caretakers of children who are involved
 1035 in the child welfare system and individuals who account for a
 1036 disproportionate amount of behavioral health expenditures.

1037 c. Other individuals eligible for services.

1038 4. Outpatient services.

1039 5. Residential services.

1040 6. Hospital inpatient care.

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- 1041 7. Aftercare and other postdischarge services.
- 1042 8. Recovery support, including, but not limited to,
 1043 support for competitive employment, educational attainment,
 1044 independent living skills development, family support and
 1045 education, wellness management and self-care, and assistance in
 1046 obtaining housing that meets the individual's needs. Such
 1047 housing includes mental health residential treatment facilities,
 1048 limited mental health assisted living facilities, adult family
 1049 care homes, and supportive housing. Housing provided using state
 1050 funds must provide a safe and decent environment free from abuse
 1051 and neglect. The care plan shall assign specific responsibility
 1052 for initial and ongoing evaluation of the supervision and
 1053 support needs of the individual and the identification of
 1054 housing that meets such needs. For purposes of this
 1055 subparagraph, the term "supervision" means oversight of and
 1056 assistance with compliance with the clinical aspects of an
 1057 individual's care plan.
- 1058 9. Medical services necessary for coordination of
 1059 behavioral health services with primary care.
- 1060 10. Prevention and outreach services.
- 1061 11. Medication-assisted treatment.
- 1062 12. Detoxification services. ~~The managing entity must~~
 1063 ~~demonstrate the ability of its network of providers to comply~~
 1064 ~~with the pertinent provisions of this chapter and chapter 397~~
 1065 ~~and to ensure the provision of comprehensive behavioral health~~
 1066 ~~services. The network of providers must include, but need not be~~

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1067 ~~limited to, community mental health agencies, substance abuse~~
 1068 ~~treatment providers, and best practice consumer services~~
 1069 ~~providers.~~

1070 ~~(b) The department shall terminate its mental health or~~
 1071 ~~substance abuse provider contracts for services to be provided~~
 1072 ~~by the managing entity at the same time it contracts with the~~
 1073 ~~managing entity.~~

1074 ~~(c) The managing entity shall ensure that its provider~~
 1075 ~~network is broadly conceived. All mental health or substance~~
 1076 ~~abuse treatment providers currently under contract with the~~
 1077 ~~department shall be offered a contract by the managing entity.~~

1078 ~~(d) The department may contract with managing entities to~~
 1079 ~~provide the following core functions:~~

- 1080 ~~1. Financial accountability.~~
- 1081 ~~2. Allocation of funds to network providers in a manner~~
 1082 ~~that reflects the department's strategic direction and plans.~~
- 1083 ~~3. Provider monitoring to ensure compliance with federal~~
 1084 ~~and state laws, rules, and regulations.~~
- 1085 ~~4. Data collection, reporting, and analysis.~~
- 1086 ~~5. Operational plans to implement objectives of the~~
 1087 ~~department's strategic plan.~~
- 1088 ~~6. Contract compliance.~~
- 1089 ~~7. Performance management.~~
- 1090 ~~8. Collaboration with community stakeholders, including~~
 1091 ~~local government.~~
- 1092 ~~9. System of care through network development.~~

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- 1093 | ~~10. Consumer care coordination.~~
- 1094 | ~~11. Continuous quality improvement.~~
- 1095 | ~~12. Timely access to appropriate services.~~
- 1096 | ~~13. Cost-effectiveness and system improvements.~~
- 1097 | ~~14. Assistance in the development of the department's~~
- 1098 | ~~strategic plan.~~
- 1099 | ~~15. Participation in community, circuit, regional, and~~
- 1100 | ~~state planning.~~
- 1101 | ~~16. Resource management and maximization, including~~
- 1102 | ~~pursuit of third-party payments and grant applications.~~
- 1103 | ~~17. Incentives for providers to improve quality and~~
- 1104 | ~~access.~~
- 1105 | ~~18. Liaison with consumers.~~
- 1106 | ~~19. Community needs assessment.~~
- 1107 | ~~20. Securing local matching funds.~~
- 1108 | (b) (e) The managing entity shall ensure that written
- 1109 | cooperative agreements are developed and implemented among the
- 1110 | criminal and juvenile justice systems, the local community-based
- 1111 | care network, and the local behavioral health providers in the
- 1112 | geographic area which define strategies and alternatives for
- 1113 | diverting people who have mental illness and substance abuse
- 1114 | problems from the criminal justice system to the community.
- 1115 | These agreements must also address the provision of appropriate
- 1116 | services to persons who have behavioral health problems and
- 1117 | leave the criminal justice system. The managing entity shall
- 1118 | work with the civil court system to develop procedures for the

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1119 evaluation and use of involuntary outpatient placement for
 1120 individuals as a strategy for diverting future admissions to
 1121 acute levels of care, jails, prisons, and forensic facilities,
 1122 subject to the availability of funding for services.

1123 (c)~~(f)~~ Managing entities must collect and submit data to
 1124 the department regarding persons served, outcomes of persons
 1125 served, ~~and the~~ costs of services provided through the
 1126 department's contract, and other data as required by the
 1127 department. The department shall evaluate managing entity
 1128 services based on consumer-centered outcome measures that
 1129 reflect national standards that can dependably be measured. The
 1130 department shall work with managing entities to establish
 1131 performance standards related to:

1132 1. The extent to which individuals in the community
 1133 receive services.

1134 2. The improvement in the overall behavioral health of a
 1135 community.

1136 3. The improvement in functioning or progress in the
 1137 recovery of individuals served through care coordination, as
 1138 determined using person-centered measures tailored to the
 1139 population of quality of care for individuals served.

1140 ~~4.3.~~ The success of strategies to divert admissions to
 1141 acute levels of care, jails, prisons, and forensic facilities as
 1142 measured by, at a minimum, the total number and percentage of
 1143 clients who, during a specified period, experience multiple
 1144 admissions to acute levels of care, jails, prisons, or forensic

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1145 facilities ~~jail, prison, and forensic facility admissions.~~

1146 ~~5.4.~~ Consumer and family satisfaction.

1147 ~~6.5.~~ The satisfaction of key community constituents such
 1148 as law enforcement agencies, juvenile justice agencies, the
 1149 courts, the schools, local government entities, hospitals, and
 1150 others as appropriate for the geographical area of the managing
 1151 entity.

1152 ~~(g) The Agency for Health Care Administration may~~
 1153 ~~establish a certified match program, which must be voluntary.~~
 1154 ~~Under a certified match program, reimbursement is limited to the~~
 1155 ~~federal Medicaid share to Medicaid-enrolled strategy~~
 1156 ~~participants. The agency may take no action to implement a~~
 1157 ~~certified match program unless the consultation provisions of~~
 1158 ~~chapter 216 have been met. The agency may seek federal waivers~~
 1159 ~~that are necessary to implement the behavioral health service~~
 1160 ~~delivery strategies.~~

1161 (7) MANAGING ENTITY REQUIREMENTS.—The department may adopt
 1162 rules and contractual standards related to ~~and a process for~~ the
 1163 qualification and operation of managing entities which are
 1164 based, in part, on the following criteria:

1165 (a) By the date of execution of the revised contract, the
 1166 department must verify:

1167 1. If the managing entity is not a managed behavioral
 1168 health organization, that the governing board meets the
 1169 following requirements: ~~A managing entity's governance structure~~
 1170 ~~shall be representative and shall, at a minimum, include~~

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1171 ~~consumers and family members, appropriate community stakeholders~~
 1172 ~~and organizations, and providers of substance abuse and mental~~
 1173 ~~health services as defined in this chapter and chapter 397. If~~
 1174 ~~there are one or more private-receiving facilities in the~~
 1175 ~~geographic coverage area of a managing entity, the managing~~
 1176 ~~entity shall have one representative for the private-receiving~~
 1177 ~~facilities as an ex officio member of its board of directors.~~

1178 a. The composition of the governing board must be broadly
 1179 representative of the community and include consumers and family
 1180 members, community organizations that do not contract with the
 1181 managing entity, local governments, area law enforcement
 1182 agencies, business leaders, community-based care lead agency
 1183 representatives, health care professionals, and representatives
 1184 of health care facilities. Representatives of local governments,
 1185 including counties, school boards, sheriffs, and independent
 1186 hospital taxing districts may, however, serve as voting members
 1187 even if they contract with the managing entity. The managing
 1188 entity must create a transparent process for nomination and
 1189 selection of board members and must adopt a procedure for
 1190 establishing staggered term limits which ensures that no
 1191 individual serves more than 8 consecutive years on the board.

1192 b. The managing entity must establish a technical advisory
 1193 panel consisting of providers of mental health and substance
 1194 abuse services under contract with the managing entity that
 1195 selects at least one member to serve ex officio as a member of
 1196 the governing board.

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1197 2. If the managing entity is a managed behavioral health
 1198 organization, it must establish an advisory board and a
 1199 technical advisory panel that meet the same requirements as the
 1200 governing board and technical advisory panel in subparagraph 1.
 1201 The duties of the advisory board and technical advisory panel
 1202 shall include, but are not limited to, making recommendations to
 1203 the department about the renewal of the managing entity contract
 1204 or the award of a new contract to the managing entity.

1205 ~~(b) A managing entity that was originally formed primarily~~
 1206 ~~by substance abuse or mental health providers must present and~~
 1207 ~~demonstrate a detailed, consensus approach to expanding its~~
 1208 ~~provider network and governance to include both substance abuse~~
 1209 ~~and mental health providers.~~

1210 (b)(e) A managing entity must submit a network management
 1211 plan and budget in a form and manner determined by the
 1212 department. ~~The plan must detail the means for implementing the~~
 1213 ~~duties to be contracted to the managing entity and the~~
 1214 ~~efficiencies to be anticipated by the department as a result of~~
 1215 ~~executing the contract.~~ The department may require modifications
 1216 to the plan and must approve the plan before contracting with a
 1217 managing entity.

1218 1. Provider participation in the network is subject to
 1219 credentials and performance standards set by the managing
 1220 entity. The department may not require the managing entity to
 1221 conduct provider network procurements in order to select
 1222 providers. However, the managing entity or coordinated care

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1223 organization shall have a process for publicizing opportunities
 1224 to participate in its network, evaluating new participants for
 1225 inclusion in its network, and evaluating current providers to
 1226 determine whether they should remain network participants. This
 1227 process shall be posted on the managing entity's website.

1228 2. The network management plan and provider contracts, at
 1229 a minimum, shall provide for managing entity and provider
 1230 involvement to ensure continuity of care for clients if a
 1231 provider ceases to provide a service or leaves the network. The
 1232 ~~department may contract with a managing entity that demonstrates~~
 1233 ~~readiness to assume core functions, and may continue to add~~
 1234 ~~functions and responsibilities to the managing entity's contract~~
 1235 ~~over time as additional competencies are developed as identified~~
 1236 ~~in paragraph (g). Notwithstanding other provisions of this~~
 1237 ~~section, the department may continue and expand managing entity~~
 1238 ~~contracts if the department determines that the managing entity~~
 1239 ~~meets the requirements specified in this section.~~

1240 ~~(d) Notwithstanding paragraphs (b) and (c), a managing~~
 1241 ~~entity that is currently a fully integrated system providing~~
 1242 ~~mental health and substance abuse services, Medicaid, and child~~
 1243 ~~welfare services is permitted to continue operating under its~~
 1244 ~~current governance structure as long as the managing entity can~~
 1245 ~~demonstrate to the department that consumers, other~~
 1246 ~~stakeholders, and network providers are included in the planning~~
 1247 ~~process.~~

1248 (c)(e) Managing entities shall operate in a transparent

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1249 manner, providing public access to information, notice of
 1250 meetings, and opportunities for broad public participation in
 1251 decisionmaking. The managing entity's network management plan
 1252 must detail policies and procedures that ensure transparency.

1253 (d)~~(f)~~ Before contracting with a managing entity, the
 1254 department must perform an onsite readiness review of a managing
 1255 entity to determine its operational capacity to satisfactorily
 1256 perform the duties to be contracted.

1257 (e)~~(g)~~ The department shall engage community stakeholders,
 1258 including providers and managing entities under contract with
 1259 the department, in the development of objective standards to
 1260 measure the competencies of managing entities and their
 1261 readiness to assume the responsibilities described in this
 1262 section, and the outcomes to hold them accountable.

1263 ~~(8) DEPARTMENT RESPONSIBILITIES. With the introduction of~~
 1264 ~~managing entities to monitor department contracted providers'~~
 1265 ~~day-to-day operations, the department and its regional and~~
 1266 ~~circuit offices will have increased ability to focus on broad~~
 1267 ~~systemic substance abuse and mental health issues. After the~~
 1268 ~~department enters into a managing entity contract in a~~
 1269 ~~geographic area, the regional and circuit offices of the~~
 1270 ~~department in that area shall direct their efforts primarily to~~
 1271 ~~monitoring the managing entity contract, including negotiation~~
 1272 ~~of system quality improvement goals each contract year, and~~
 1273 ~~review of the managing entity's plans to execute department~~
 1274 ~~strategic plans; carrying out statutorily mandated licensure~~

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1275 ~~functions; conducting community and regional substance abuse and~~
 1276 ~~mental health planning; communicating to the department the~~
 1277 ~~local needs assessed by the managing entity; preparing~~
 1278 ~~department strategic plans; coordinating with other state and~~
 1279 ~~local agencies; assisting the department in assessing local~~
 1280 ~~trends and issues and advising departmental headquarters on~~
 1281 ~~local priorities; and providing leadership in disaster planning~~
 1282 ~~and preparation.~~

1283 (8)~~(9)~~ FUNDING FOR MANAGING ENTITIES.-

1284 (a) A contract established between the department and a
 1285 managing entity under this section shall be funded by general
 1286 revenue, other applicable state funds, or applicable federal
 1287 funding sources. A managing entity may carry forward documented
 1288 unexpended state funds from one fiscal year to the next;
 1289 however, the cumulative amount carried forward may not exceed 8
 1290 percent of the total contract. Any unexpended state funds in
 1291 excess of that percentage must be returned to the department.
 1292 The funds carried forward may not be used in a way that would
 1293 create increased recurring future obligations or for any program
 1294 or service that is not currently authorized under the existing
 1295 contract with the department. Expenditures of funds carried
 1296 forward must be separately reported to the department. Any
 1297 unexpended funds that remain at the end of the contract period
 1298 shall be returned to the department. Funds carried forward may
 1299 be retained through contract renewals and new procurements as
 1300 long as the same managing entity is retained by the department.

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1301 (b) The method of payment for a fixed-price contract with
 1302 a managing entity must provide for a 2-month advance payment at
 1303 the beginning of each fiscal year and equal monthly payments
 1304 thereafter.

1305 (9) ~~(10)~~ CRISIS STABILIZATION SERVICES UTILIZATION
 1306 DATABASE.—The department shall develop, implement, and maintain
 1307 standards under which a managing entity shall collect
 1308 utilization data from all public receiving facilities situated
 1309 within its geographic service area. As used in this subsection,
 1310 the term "public receiving facility" means an entity that meets
 1311 the licensure requirements of and is designated by the
 1312 department to operate as a public receiving facility under s.
 1313 394.875 and that is operating as a licensed crisis stabilization
 1314 unit.

1315 (a) The department shall develop standards and protocols
 1316 for managing entities and public receiving facilities to be used
 1317 for data collection, storage, transmittal, and analysis. The
 1318 standards and protocols must allow for compatibility of data and
 1319 data transmittal between public receiving facilities, managing
 1320 entities, and the department for the implementation and
 1321 requirements of this subsection. ~~The department shall require~~
 1322 ~~managing entities contracted under this section to comply with~~
 1323 ~~this subsection by August 1, 2015.~~

1324 (b) A managing entity shall require a public receiving
 1325 facility within its provider network to submit data, in real
 1326 time or at least daily, to the managing entity for:

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1327 1. All admissions and discharges of clients receiving
 1328 public receiving facility services who qualify as indigent, as
 1329 defined in s. 394.4787; and

1330 2. Current active census of total licensed beds, the
 1331 number of beds purchased by the department, the number of
 1332 clients qualifying as indigent occupying those beds, and the
 1333 total number of unoccupied licensed beds regardless of funding.

1334 (c) A managing entity shall require a public receiving
 1335 facility within its provider network to submit data, on a
 1336 monthly basis, to the managing entity which aggregates the daily
 1337 data submitted under paragraph (b). The managing entity shall
 1338 reconcile the data in the monthly submission to the data
 1339 received by the managing entity under paragraph (b) to check for
 1340 consistency. If the monthly aggregate data submitted by a public
 1341 receiving facility under this paragraph is inconsistent with the
 1342 daily data submitted under paragraph (b), the managing entity
 1343 shall consult with the public receiving facility to make
 1344 corrections as necessary to ensure accurate data.

1345 (d) A managing entity shall require a public receiving
 1346 facility within its provider network to submit data, on an
 1347 annual basis, to the managing entity which aggregates the data
 1348 submitted and reconciled under paragraph (c). The managing
 1349 entity shall reconcile the data in the annual submission to the
 1350 data received and reconciled by the managing entity under
 1351 paragraph (c) to check for consistency. If the annual aggregate
 1352 data submitted by a public receiving facility under this

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1353 paragraph is inconsistent with the data received and reconciled
 1354 under paragraph (c), the managing entity shall consult with the
 1355 public receiving facility to make corrections as necessary to
 1356 ensure accurate data.

1357 (e) After ensuring accurate data under paragraphs (c) and
 1358 (d), the managing entity shall submit the data to the department
 1359 on a monthly and an annual basis. The department shall create a
 1360 statewide database for the data described under paragraph (b)
 1361 and submitted under this paragraph for the purpose of analyzing
 1362 the payments for and the use of crisis stabilization services
 1363 funded by the Baker Act on a statewide basis and on an
 1364 individual public receiving facility basis.

1365 (f) The department shall adopt rules to administer this
 1366 subsection.

1367 (g) The department shall submit a report by January 31,
 1368 2016, and annually thereafter, to the Governor, the President of
 1369 the Senate, and the Speaker of the House of Representatives
 1370 which provides details on the implementation of this subsection,
 1371 including the status of the data collection process and a
 1372 detailed analysis of the data collected under this subsection.

1373 ~~(11) REPORTING. Reports of the department's activities,~~
 1374 ~~progress, and needs in achieving the goal of contracting with~~
 1375 ~~managing entities in each circuit and region statewide must be~~
 1376 ~~submitted to the appropriate substantive and appropriations~~
 1377 ~~committees in the Senate and the House of Representatives on~~
 1378 ~~January 1 and July 1 of each year until the full transition to~~

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1379 ~~managing entities has been accomplished statewide.~~

1380 ~~(10)-(12) RULES.-The department may ~~shall~~ adopt rules to~~
 1381 ~~administer this section and, as necessary, to further specify~~
 1382 ~~requirements of managing entities.~~

1383 Section 10. Subsections (12) through (45) of section
 1384 397.311, Florida Statutes, are renumbered as subsections (13)
 1385 through (46), and new subsection (12) is created, to read:

1386 397.311 Definitions.-As used in this chapter, except part
 1387 VIII, the term:

1388 (12) "Informed consent" means consent voluntarily given in
 1389 writing, by a competent person, after sufficient explanation and
 1390 disclosure of the subject matter involved to enable the person
 1391 to make a knowing and willful decision without any element of
 1392 force, fraud, deceit, duress, or other form of constraint or
 1393 coercion.

1394 Section 11. Present subsections (4) through (14) of
 1395 section 397.321, Florida Statutes, are renumbered as subsections
 1396 (5) through (15), present subsection (15) is amended, and new
 1397 sections (4) and (21) are created to read:

1398 397.321 Duties of the department.-The department shall:

1399 (4) Develop, implement, and maintain standards under which
 1400 a managing entity shall collect utilization data from all
 1401 licensed service providers related to substance abuse services
 1402 provided pursuant to parts IV and V of ch. 397. The standards
 1403 must allow for data compatibility and data transmittal between
 1404 licensed service providers, managing entities and the

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1405 department. The department shall require managing entities
 1406 contracted under this section to comply with this subsection by
 1407 August 1, 2016.

1408 (a) A managing entity shall require the submission of
 1409 client-specific data, in real time or at least daily, to the
 1410 managing entity for:

1411 1. All admissions and discharges of clients receiving
 1412 substance abuse services in an addiction receiving facility.

1413 2. All admissions and discharges of clients receiving
 1414 substance abuse services on an inpatient basis.

1415 3. All substance abuse services provided on an outpatient
 1416 basis.

1417 (b) A managing entity shall require each licensed service
 1418 provider to submit data, on a monthly basis, to the managing
 1419 entity which aggregates the daily data submitted under
 1420 subparagraph (a). The managing entity shall reconcile the data
 1421 in the monthly submission to the data submitted under
 1422 subparagraph (a) to check for consistency. If the monthly
 1423 aggregate data submitted by a licensed service provider under
 1424 this paragraph is inconsistent with the daily data submitted
 1425 under paragraph (a), the managing entity shall consult with the
 1426 licensed service provider to make corrections as necessary to
 1427 ensure accurate data.

1428 (c) A managing entity shall require a licensed service
 1429 provider to submit data, on an annual basis, to the department
 1430 which aggregates the daily data submitted under subparagraph

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1431 (b). The licensed service provider shall reconcile the data in
 1432 the annual submission to the data submitted under paragraph (b)
 1433 to check for consistency.

1434 (d) After ensuring accurate data under paragraphs (b) and
 1435 (c), the managing entity shall submit the data to the department
 1436 monthly and annually. The department shall create a statewide
 1437 database for the data described under paragraph (b) and
 1438 submitted under this paragraph for the purpose of analyzing the
 1439 payments for and the use of substance abuse services provided
 1440 pursuant to parts IV and V of ch. 397.

1441 (f) The department shall adopt rules to administer this
 1442 subsection. The department shall submit a report by January 31,
 1443 2017, and annually thereafter, to the Governor, the President of
 1444 the Senate, and the Speaker of the House of Representatives
 1445 which provides details on the implementation of this subsection,
 1446 including the status of the data collection process and a
 1447 detailed analysis of the data collected under this subsection.

1448 ~~(15) Appoint a substance abuse impairment coordinator to~~
 1449 ~~represent the department in efforts initiated by the statewide~~
 1450 ~~substance abuse impairment prevention and treatment coordinator~~
 1451 ~~established in s. 397.801 and to assist the statewide~~
 1452 ~~coordinator in fulfilling the responsibilities of that position.~~

1453 (21) The department shall develop and prominently display
 1454 on its website all forms necessary for the implementation and
 1455 administration of parts IV and V of this chapter. These forms
 1456 shall include, but are not limited to, a petition for

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1457 involuntary admission form and all related pleading forms, as
 1458 well as a form to be utilized by law enforcement pursuant to s.
 1459 397.6772. The department shall notify law enforcement, the
 1460 courts and other state agencies of the existence and
 1461 availability of these forms.

1462 Section 12. Section 397.402, Florida Statutes, is created
 1463 to read:

1464 397.402 Single, consolidated licensure.— The department
 1465 and the Agency for Health Care Administration shall develop a
 1466 plan for modifying licensure statutes and rules to provide
 1467 options for a single, consolidated license for a provider that
 1468 offers multiple types of mental health and substance abuse
 1469 services regulated under chapters 394 and 397. The plan shall
 1470 identify options for license consolidation within the department
 1471 and within the agency, and shall identify interagency license
 1472 consolidation options. The department and the agency shall
 1473 submit the plan to the Governor, the President of the Senate,
 1474 and the Speaker of the House of Representatives by November 1,
 1475 2016.

1476 Section 13. Subsection (1) of section 397.6772, Florida
 1477 Statutes, is amended to read:

1478 397.6772 Protective custody without consent.—

1479 (1) If a person in circumstances which justify protective
 1480 custody as described in s. 397.677 fails or refuses to consent
 1481 to assistance and a law enforcement officer has determined that
 1482 a hospital or a licensed detoxification or addictions receiving

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1483 facility is the most appropriate place for the person, the
 1484 officer may, after giving due consideration to the expressed
 1485 wishes of the person:

1486 (a) Take the person to a hospital or to a licensed
 1487 detoxification or addictions receiving facility against the
 1488 person's will but without using unreasonable force. The officer
 1489 shall utilize the standard form, developed by the department
 1490 pursuant to s. 397.321 to execute a written report detailing the
 1491 circumstances under which the person was taken into custody, and
 1492 the report shall be made a part of the patient's clinical
 1493 record; or

1494 (b) In the case of an adult, detain the person for his or
 1495 her own protection in any municipal or county jail or other
 1496 appropriate detention facility.

1497
 1498 Such detention is not to be considered an arrest for any
 1499 purpose, and no entry or other record may be made to indicate
 1500 that the person has been detained or charged with any crime. The
 1501 officer in charge of the detention facility must notify the
 1502 nearest appropriate licensed service provider within the first 8
 1503 hours after detention that the person has been detained. It is
 1504 the duty of the detention facility to arrange, as necessary, for
 1505 transportation of the person to an appropriate licensed service
 1506 provider with an available bed. Persons taken into protective
 1507 custody must be assessed by the attending physician within the
 1508 72-hour period and without unnecessary delay, to determine the

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1509 need for further services.

1510 Section 14. Effective July 1, 2018, subsection (4) of
 1511 section 397.6793, Florida Statutes, is amended to read:

1512 397.6793 Physician's certificate for emergency admission.—

1513 ~~(4) The physician's certificate must indicate whether the~~
 1514 ~~person requires transportation assistance for delivery for~~
 1515 ~~emergency admission and specify, pursuant to s. 397.6795, the~~
 1516 ~~type of transportation assistance necessary.~~

1517 Section 15. Subsection (1) of section 397.681, Florida
 1518 Statutes, is amended to read:

1519 397.681 Involuntary petitions; general provisions; court
 1520 jurisdiction and right to counsel.—

1521 (1) JURISDICTION.—The courts have jurisdiction of
 1522 involuntary assessment and stabilization petitions and
 1523 involuntary treatment petitions for substance abuse impaired
 1524 persons, and such petitions must be filed with the clerk of the
 1525 court in the county where the person is located. The court may
 1526 not charge a fee for the filing of a petition under this
 1527 section. The chief judge may appoint a general or special
 1528 magistrate to preside over all or part of the proceedings. The
 1529 alleged impaired person is named as the respondent.

1530 Section 16. Section 397.6955, Florida Statutes, is amended
 1531 to read:

1532 397.6955 Duties of court upon filing of petition for
 1533 involuntary treatment.—Upon the filing of a petition for the
 1534 involuntary treatment of a substance abuse impaired person with

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1535 the clerk of the court, the court shall immediately determine
 1536 whether the respondent is represented by an attorney or whether
 1537 the appointment of counsel for the respondent is appropriate.
 1538 The court shall schedule a hearing to be held on the petition
 1539 within 10 days, unless a continuance is granted. A copy of the
 1540 petition and notice of the hearing must be provided to the
 1541 respondent; the respondent's parent, guardian, or legal
 1542 custodian, in the case of a minor; the respondent's attorney, if
 1543 known; the petitioner; the respondent's spouse or guardian, if
 1544 applicable; and such other persons as the court may direct, and
 1545 have such petition and order personally delivered to the
 1546 respondent if he or she is a minor. The court shall also issue a
 1547 summons to the person whose admission is sought.

1548 Section 17. Subsection (1) of section 397.697, Florida
 1549 Statutes, is amended to read:

1550 397.697 Court determination; effect of court order for
 1551 involuntary substance abuse treatment.-

1552 (1) When the court finds that the conditions for
 1553 involuntary substance abuse treatment have been proved by clear
 1554 and convincing evidence, it may order the respondent to undergo
 1555 involuntary treatment by a licensed service provider for a
 1556 period not to exceed 60 days. The court may order a respondent
 1557 to undergo treatment through a privately funded licensed service
 1558 provider if the respondent has the ability to pay for the
 1559 treatment, or if any person on the respondent's behalf,
 1560 voluntarily demonstrates willingness and ability to pay for the

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1561 treatment. If the court finds it necessary, it may direct the
 1562 sheriff to take the respondent into custody and deliver him or
 1563 her to the licensed service provider specified in the court
 1564 order, or to the nearest appropriate licensed service provider,
 1565 for involuntary treatment. When the conditions justifying
 1566 involuntary treatment no longer exist, the individual must be
 1567 released as provided in s. 397.6971. When the conditions
 1568 justifying involuntary treatment are expected to exist after 60
 1569 days of treatment, a renewal of the involuntary treatment order
 1570 may be requested pursuant to s. 397.6975 prior to the end of the
 1571 60-day period.

1572 Section 18. Paragraphs (d) through (m) of subsection (2)
 1573 of section 409.967, Florida Statutes, are redesignated as
 1574 paragraphs (e) through (n), respectively, and a new paragraph
 1575 (d) is added to that subsection, to read:

1576 409.967 Managed care plan accountability.—

1577 (2) The agency shall establish such contract requirements
 1578 as are necessary for the operation of the statewide managed care
 1579 program. In addition to any other provisions the agency may deem
 1580 necessary, the contract must require:

1581 (d) Quality care.—Managed care plans shall provide, or
 1582 contract for the provision of, care coordination to facilitate
 1583 the appropriate delivery of behavioral health care services in
 1584 the least restrictive setting with treatment and recovery
 1585 capabilities that address the needs of the patient. Services
 1586 shall be provided in a manner that integrates behavioral health

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1587 services and primary care. Plans shall be required to achieve
 1588 specific behavioral health outcome standards, established by the
 1589 agency in consultation with the Department of Children and
 1590 Families.

1591 Section 19. Subsection (5) is added to section 409.973,
 1592 Florida Statutes, to read:

1593 409.973 Benefits.—

1594 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan
 1595 operating in the managed medical assistance program shall work
 1596 with the managing entity in its service area to establish
 1597 specific organizational supports and service protocols that
 1598 enhance the integration and coordination of primary care and
 1599 behavioral health services for Medicaid recipients. Progress in
 1600 this initiative will be measured using the integration framework
 1601 and core measures developed by the Agency for Healthcare
 1602 Research and Quality.

1603 Section 20. Section 491.0045, Florida Statutes is amended
 1604 to read:

1605 491.0045 Intern registration; requirements.—

1606 (1) ~~Effective January 1, 1998,~~ An individual who has not
 1607 satisfied ~~intends to practice in Florida to satisfy the~~
 1608 ~~postgraduate or post-master's level experience requirements, as~~
 1609 ~~specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register~~
 1610 ~~as an intern in the profession for which he or she is seeking~~
 1611 ~~licensure prior to commencing the post-master's experience~~
 1612 ~~requirement or an individual who intends to satisfy part of the~~

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1613 required graduate-level practicum, internship, or field
 1614 experience, outside the academic arena for any profession, must
 1615 register as an intern in the profession for which he or she is
 1616 seeking licensure prior to commencing the practicum, internship,
 1617 or field experience.

1618 (2) The department shall register as a clinical social
 1619 worker intern, marriage and family therapist intern, or mental
 1620 health counselor intern each applicant who the board certifies
 1621 has:

1622 (a) Completed the application form and remitted a
 1623 nonrefundable application fee not to exceed \$200, as set by
 1624 board rule;

1625 (b)1. Completed the education requirements as specified in
 1626 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which
 1627 he or she is applying for licensure, if needed; and

1628 2. Submitted an acceptable supervision plan, as determined
 1629 by the board, for meeting the practicum, internship, or field
 1630 work required for licensure that was not satisfied in his or her
 1631 graduate program.

1632 (c) Identified a qualified supervisor.

1633 (3) An individual registered under this section must
 1634 remain under supervision while practicing under registered
 1635 intern status ~~until he or she is in receipt of a license or a~~
 1636 ~~letter from the department stating that he or she is licensed to~~
 1637 ~~practice the profession for which he or she applied.~~

1638 ~~(4) An individual who has applied for intern registration~~

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1639 ~~on or before December 31, 2001, and has satisfied the education~~
 1640 ~~requirements of s. 491.005 that are in effect through December~~
 1641 ~~31, 2000, will have met the educational requirements for~~
 1642 ~~licensure for the profession for which he or she has applied.~~

1643 (4) ~~(5)~~ An individual who fails ~~Individuals who have~~
 1644 ~~commenced the experience requirement as specified in s.~~
 1645 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~
 1646 ~~required by subsection (1) shall register with the department~~
 1647 ~~before January 1, 2000. Individuals who fail to comply with this~~
 1648 ~~section may~~ subsection shall ~~not be granted a license under this~~
 1649 chapter, and any time spent by the individual completing the
 1650 experience requirement as specified in s. 491.005(1)(c), (3)(c),
 1651 or (4)(c) before ~~prior to~~ registering as an intern does ~~shall~~
 1652 not count toward completion of the ~~such~~ requirement.

1653 (5) An intern registration is valid for 5 years.

1654 (6) Any registration issued on or before March 31, 2017,
 1655 expires March 31, 2022, and may not be renewed or reissued. Any
 1656 registration issued after March 31, 2017, expires 60 months
 1657 after the date it is issued. A subsequent intern registration
 1658 may not be issued unless the candidate has passed the theory and
 1659 practice examination described in s. 491.005(1)(d), (3)(d), and
 1660 (4)(d).

1661 (7) An individual who has held a provisional license
 1662 issued by the board may not apply for an intern registration in
 1663 the same profession.

1664 Section 21. Section 394.4674, Florida Statutes, is

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1665 repealed.

1666 Section 22. Section 394.4985, Florida Statutes, is

1667 repealed.

1668 Section 23. Section 394.745, Florida Statutes, is

1669 repealed.

1670 Section 24. Section 397.331, Florida Statutes, is

1671 repealed.

1672 Section 25. Section 397.333, Florida Statutes, is

1673 repealed.

1674 Section 26. Section 397.801, Florida Statutes, is

1675 repealed.

1676 Section 27. Section 397.811, Florida Statutes, is

1677 repealed.

1678 Section 28. Section 397.821, Florida Statutes, is

1679 repealed.

1680 Section 29. Section 397.901, Florida Statutes, is

1681 repealed.

1682 Section 30. Section 397.93, Florida Statutes, is repealed.

1683 Section 31. Section 397.94, Florida Statutes, is repealed.

1684 Section 32. Section 397.951, Florida Statutes, is

1685 repealed.

1686 Section 33. Section 397.97, Florida Statutes, is repealed.

1687 Section 34. Section 397.98, Florida Statutes, is repealed.

1688 Section 35. Paragraph (e) of subsection (5) of section

1689 212.055, Florida Statutes, is amended to read:

1690 212.055 Discretionary sales surtaxes; legislative intent;

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1691 authorization and use of proceeds.—It is the legislative intent
 1692 that any authorization for imposition of a discretionary sales
 1693 surtax shall be published in the Florida Statutes as a
 1694 subsection of this section, irrespective of the duration of the
 1695 levy. Each enactment shall specify the types of counties
 1696 authorized to levy; the rate or rates which may be imposed; the
 1697 maximum length of time the surtax may be imposed, if any; the
 1698 procedure which must be followed to secure voter approval, if
 1699 required; the purpose for which the proceeds may be expended;
 1700 and such other requirements as the Legislature may provide.
 1701 Taxable transactions and administrative procedures shall be as
 1702 provided in s. 212.054.

1703 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined
 1704 in s. 125.011(1) may levy the surtax authorized in this
 1705 subsection pursuant to an ordinance either approved by
 1706 extraordinary vote of the county commission or conditioned to
 1707 take effect only upon approval by a majority vote of the
 1708 electors of the county voting in a referendum. In a county as
 1709 defined in s. 125.011(1), for the purposes of this subsection,
 1710 "county public general hospital" means a general hospital as
 1711 defined in s. 395.002 which is owned, operated, maintained, or
 1712 governed by the county or its agency, authority, or public
 1713 health trust.

1714 (e) A governing board, agency, or authority shall be
 1715 chartered by the county commission upon this act becoming law.
 1716 The governing board, agency, or authority shall adopt and

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1717 | implement a health care plan for indigent health care services.
 1718 | The governing board, agency, or authority shall consist of no
 1719 | more than seven and no fewer than five members appointed by the
 1720 | county commission. The members of the governing board, agency,
 1721 | or authority shall be at least 18 years of age and residents of
 1722 | the county. No member may be employed by or affiliated with a
 1723 | health care provider or the public health trust, agency, or
 1724 | authority responsible for the county public general hospital.
 1725 | The following community organizations shall each appoint a
 1726 | representative to a nominating committee: the South Florida
 1727 | Hospital and Healthcare Association, the Miami-Dade County
 1728 | Public Health Trust, the Dade County Medical Association, the
 1729 | Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
 1730 | County. This committee shall nominate between 10 and 14 county
 1731 | citizens for the governing board, agency, or authority. The
 1732 | slate shall be presented to the county commission and the county
 1733 | commission shall confirm the top five to seven nominees,
 1734 | depending on the size of the governing board. Until such time as
 1735 | the governing board, agency, or authority is created, the funds
 1736 | provided for in subparagraph (d)2. shall be placed in a
 1737 | restricted account set aside from other county funds and not
 1738 | disbursed by the county for any other purpose.

1739 | 1. The plan shall divide the county into a minimum of four
 1740 | and maximum of six service areas, with no more than one
 1741 | participant hospital per service area. The county public general
 1742 | hospital shall be designated as the provider for one of the

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1743 service areas. Services shall be provided through participants'
 1744 primary acute care facilities.

1745 2. The plan and subsequent amendments to it shall fund a
 1746 defined range of health care services for both indigent persons
 1747 and the medically poor, including primary care, preventive care,
 1748 hospital emergency room care, and hospital care necessary to
 1749 stabilize the patient. For the purposes of this section,
 1750 "stabilization" means stabilization as defined in s.
 1751 397.311 (42) ~~(41)~~. Where consistent with these objectives, the
 1752 plan may include services rendered by physicians, clinics,
 1753 community hospitals, and alternative delivery sites, as well as
 1754 at least one regional referral hospital per service area. The
 1755 plan shall provide that agreements negotiated between the
 1756 governing board, agency, or authority and providers shall
 1757 recognize hospitals that render a disproportionate share of
 1758 indigent care, provide other incentives to promote the delivery
 1759 of charity care to draw down federal funds where appropriate,
 1760 and require cost containment, including, but not limited to,
 1761 case management. From the funds specified in subparagraphs (d)1.
 1762 and 2. for indigent health care services, service providers
 1763 shall receive reimbursement at a Medicaid rate to be determined
 1764 by the governing board, agency, or authority created pursuant to
 1765 this paragraph for the initial emergency room visit, and a per-
 1766 member per-month fee or capitation for those members enrolled in
 1767 their service area, as compensation for the services rendered
 1768 following the initial emergency visit. Except for provisions of

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1769 emergency services, upon determination of eligibility,
 1770 enrollment shall be deemed to have occurred at the time services
 1771 were rendered. The provisions for specific reimbursement of
 1772 emergency services shall be repealed on July 1, 2001, unless
 1773 otherwise reenacted by the Legislature. The capitation amount or
 1774 rate shall be determined prior to program implementation by an
 1775 independent actuarial consultant. In no event shall such
 1776 reimbursement rates exceed the Medicaid rate. The plan must also
 1777 provide that any hospitals owned and operated by government
 1778 entities on or after the effective date of this act must, as a
 1779 condition of receiving funds under this subsection, afford
 1780 public access equal to that provided under s. 286.011 as to any
 1781 meeting of the governing board, agency, or authority the subject
 1782 of which is budgeting resources for the retention of charity
 1783 care, as that term is defined in the rules of the Agency for
 1784 Health Care Administration. The plan shall also include
 1785 innovative health care programs that provide cost-effective
 1786 alternatives to traditional methods of service and delivery
 1787 funding.

1788 3. The plan's benefits shall be made available to all
 1789 county residents currently eligible to receive health care
 1790 services as indigents or medically poor as defined in paragraph
 1791 (4) (d).

1792 4. Eligible residents who participate in the health care
 1793 plan shall receive coverage for a period of 12 months or the
 1794 period extending from the time of enrollment to the end of the

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1795 current fiscal year, per enrollment period, whichever is less.

1796 5. At the end of each fiscal year, the governing board,
 1797 agency, or authority shall prepare an audit that reviews the
 1798 budget of the plan, delivery of services, and quality of
 1799 services, and makes recommendations to increase the plan's
 1800 efficiency. The audit shall take into account participant
 1801 hospital satisfaction with the plan and assess the amount of
 1802 poststabilization patient transfers requested, and accepted or
 1803 denied, by the county public general hospital.

1804 Section 36. Subsection (6) of section 394.9085, Florida
 1805 Statutes, is amended to read:

1806 394.9085 Behavioral provider liability.—

1807 (6) For purposes of this section, the terms
 1808 "detoxification services," "addictions receiving facility," and
 1809 "receiving facility" have the same meanings as those provided in
 1810 ss. 397.311 (23) ~~(22)~~ (a)4., 397.311 (23) ~~(22)~~ (a)1., and 394.455(26),
 1811 respectively.

1812 Section 37. Subsection (8) of section 397.405, Florida
 1813 Statutes, is amended to read:

1814 397.405 Exemptions from licensure.—The following are
 1815 exempt from the licensing provisions of this chapter:

1816 (8) A legally cognizable church or nonprofit religious
 1817 organization or denomination providing substance abuse services,
 1818 including prevention services, which are solely religious,
 1819 spiritual, or ecclesiastical in nature. A church or nonprofit
 1820 religious organization or denomination providing any of the

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1821 licensed service components itemized under s. 397.311~~(22)~~(23) is
 1822 not exempt from substance abuse licensure but retains its
 1823 exemption with respect to all services which are solely
 1824 religious, spiritual, or ecclesiastical in nature.

1825
 1826 The exemptions from licensure in this section do not apply to
 1827 any service provider that receives an appropriation, grant, or
 1828 contract from the state to operate as a service provider as
 1829 defined in this chapter or to any substance abuse program
 1830 regulated pursuant to s. 397.406. Furthermore, this chapter may
 1831 not be construed to limit the practice of a physician or
 1832 physician assistant licensed under chapter 458 or chapter 459, a
 1833 psychologist licensed under chapter 490, a psychotherapist
 1834 licensed under chapter 491, or an advanced registered nurse
 1835 practitioner licensed under part I of chapter 464, who provides
 1836 substance abuse treatment, so long as the physician, physician
 1837 assistant, psychologist, psychotherapist, or advanced registered
 1838 nurse practitioner does not represent to the public that he or
 1839 she is a licensed service provider and does not provide services
 1840 to individuals pursuant to part V of this chapter. Failure to
 1841 comply with any requirement necessary to maintain an exempt
 1842 status under this section is a misdemeanor of the first degree,
 1843 punishable as provided in s. 775.082 or s. 775.083.

1844 Section 38. Subsections (1) and (5) of section 397.407,
 1845 Florida Statutes, are amended to read:

1846 397.407 Licensure process; fees.—

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1847 (1) The department shall establish the licensure process
 1848 to include fees and categories of licenses and must prescribe a
 1849 fee range that is based, at least in part, on the number and
 1850 complexity of programs listed in s. 397.311(23)~~(22)~~ which are
 1851 operated by a licensee. The fees from the licensure of service
 1852 components are sufficient to cover at least 50 percent of the
 1853 costs of regulating the service components. The department shall
 1854 specify a fee range for public and privately funded licensed
 1855 service providers. Fees for privately funded licensed service
 1856 providers must exceed the fees for publicly funded licensed
 1857 service providers.

1858 (5) The department may issue probationary, regular, and
 1859 interim licenses. The department shall issue one license for
 1860 each service component that is operated by a service provider
 1861 and defined pursuant to s. 397.311(23)~~(22)~~. The license is valid
 1862 only for the specific service components listed for each
 1863 specific location identified on the license. The licensed
 1864 service provider shall apply for a new license at least 60 days
 1865 before the addition of any service components or 30 days before
 1866 the relocation of any of its service sites. Provision of service
 1867 components or delivery of services at a location not identified
 1868 on the license may be considered an unlicensed operation that
 1869 authorizes the department to seek an injunction against
 1870 operation as provided in s. 397.401, in addition to other
 1871 sanctions authorized by s. 397.415. Probationary and regular
 1872 licenses may be issued only after all required information has

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1873 | been submitted. A license may not be transferred. As used in
 1874 | this subsection, the term "transfer" includes, but is not
 1875 | limited to, the transfer of a majority of the ownership interest
 1876 | in the licensed entity or transfer of responsibilities under the
 1877 | license to another entity by contractual arrangement.

1878 | Section 39. Section 397.416, Florida Statutes, is amended
 1879 | to read:

1880 | 397.416 Substance abuse treatment services; qualified
 1881 | professional.—Notwithstanding any other provision of law, a
 1882 | person who was certified through a certification process
 1883 | recognized by the former Department of Health and Rehabilitative
 1884 | Services before January 1, 1995, may perform the duties of a
 1885 | qualified professional with respect to substance abuse treatment
 1886 | services as defined in this chapter, and need not meet the
 1887 | certification requirements contained in s. 397.311 (31) ~~(30)~~.

1888 | Section 40. Paragraph (e) of subsection (3) of section
 1889 | 409.966, Florida Statutes, is amended to read:

1890 | 409.966 Eligible plans; selection.—

1891 | (3) QUALITY SELECTION CRITERIA.—

1892 | (e) To ensure managed care plan participation in Regions 1
 1893 | and 2, the agency shall award an additional contract to each
 1894 | plan with a contract award in Region 1 or Region 2. Such
 1895 | contract shall be in any other region in which the plan
 1896 | submitted a responsive bid and negotiates a rate acceptable to
 1897 | the agency. If a plan that is awarded an additional contract
 1898 | pursuant to this paragraph is subject to penalties pursuant to

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1899 s. 409.967(2)(i) ~~409.967(2)(h)~~ for activities in Region 1 or
 1900 Region 2, the additional contract is automatically terminated
 1901 180 days after the imposition of the penalties. The plan must
 1902 reimburse the agency for the cost of enrollment changes and
 1903 other transition activities.

1904 Section 41. Paragraphs (d) and (g) of subsection (1) of
 1905 section 440.102, Florida Statutes, are amended to read:

1906 440.102 Drug-free workplace program requirements.—The
 1907 following provisions apply to a drug-free workplace program
 1908 implemented pursuant to law or to rules adopted by the Agency
 1909 for Health Care Administration:

1910 (1) DEFINITIONS.—Except where the context otherwise
 1911 requires, as used in this act:

1912 (d) "Drug rehabilitation program" means a service
 1913 provider, established pursuant to s. 397.311(40) ~~(39)~~, that
 1914 provides confidential, timely, and expert identification,
 1915 assessment, and resolution of employee drug abuse.

1916 (g) "Employee assistance program" means an established
 1917 program capable of providing expert assessment of employee
 1918 personal concerns; confidential and timely identification
 1919 services with regard to employee drug abuse; referrals of
 1920 employees for appropriate diagnosis, treatment, and assistance;
 1921 and followup services for employees who participate in the
 1922 program or require monitoring after returning to work. If, in
 1923 addition to the above activities, an employee assistance program
 1924 provides diagnostic and treatment services, these services shall

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1925 in all cases be provided by service providers pursuant to s.
 1926 397.311 (40) ~~(39)~~.

1927 Section 42. For the purpose of incorporating the amendment
 1928 made by this act to section 394.492, Florida Statutes, in a
 1929 reference thereto, paragraph (a) of subsection (6) of section
 1930 39.407, Florida Statutes, is reenacted to read:

1931 39.407 Medical, psychiatric, and psychological examination
 1932 and treatment of child; physical, mental, or substance abuse
 1933 examination of person with or requesting child custody.—

1934 (6) Children who are in the legal custody of the
 1935 department may be placed by the department, without prior
 1936 approval of the court, in a residential treatment center
 1937 licensed under s. 394.875 or a hospital licensed under chapter
 1938 395 for residential mental health treatment only pursuant to
 1939 this section or may be placed by the court in accordance with an
 1940 order of involuntary examination or involuntary placement
 1941 entered pursuant to s. 394.463 or s. 394.467. All children
 1942 placed in a residential treatment program under this subsection
 1943 must have a guardian ad litem appointed.

1944 (a) As used in this subsection, the term:

1945 1. "Residential treatment" means placement for
 1946 observation, diagnosis, or treatment of an emotional disturbance
 1947 in a residential treatment center licensed under s. 394.875 or a
 1948 hospital licensed under chapter 395.

1949 2. "Least restrictive alternative" means the treatment and
 1950 conditions of treatment that, separately and in combination, are

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1951 no more intrusive or restrictive of freedom than reasonably
 1952 necessary to achieve a substantial therapeutic benefit or to
 1953 protect the child or adolescent or others from physical injury.

1954 3. "Suitable for residential treatment" or "suitability"
 1955 means a determination concerning a child or adolescent with an
 1956 emotional disturbance as defined in s. 394.492(5) or a serious
 1957 emotional disturbance as defined in s. 394.492(6) that each of
 1958 the following criteria is met:

1959 a. The child requires residential treatment.

1960 b. The child is in need of a residential treatment program
 1961 and is expected to benefit from mental health treatment.

1962 c. An appropriate, less restrictive alternative to
 1963 residential treatment is unavailable.

1964 Section 43. For the purpose of incorporating the amendment
 1965 made by this act to section 394.492, Florida Statutes, in a
 1966 reference thereto, subsection (21) of section 394.67, Florida
 1967 Statutes, is reenacted to read:

1968 394.67 Definitions.—As used in this part, the term:

1969 (21) "Residential treatment center for children and
 1970 adolescents" means a 24-hour residential program, including a
 1971 therapeutic group home, which provides mental health services to
 1972 emotionally disturbed children or adolescents as defined in s.
 1973 394.492(5) or (6) and which is a private for-profit or not-for-
 1974 profit corporation licensed by the agency which offers a variety
 1975 of treatment modalities in a more restrictive setting.

1976 Section 44. For the purpose of incorporating the amendment

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1977 made by this act to section 394.492, Florida Statutes, in a
 1978 reference thereto, paragraph (b) of subsection (1) of section
 1979 394.674, Florida Statutes, is reenacted to read:
 1980 394.674 Eligibility for publicly funded substance abuse
 1981 and mental health services; fee collection requirements.—
 1982 (1) To be eligible to receive substance abuse and mental
 1983 health services funded by the department, an individual must be
 1984 a member of at least one of the department's priority
 1985 populations approved by the Legislature. The priority
 1986 populations include:
 1987 (b) For children's mental health services:
 1988 1. Children who are at risk of emotional disturbance as
 1989 defined in s. 394.492(4).
 1990 2. Children who have an emotional disturbance as defined
 1991 in s. 394.492(5).
 1992 3. Children who have a serious emotional disturbance as
 1993 defined in s. 394.492(6).
 1994 4. Children diagnosed as having a co-occurring substance
 1995 abuse and emotional disturbance or serious emotional
 1996 disturbance.
 1997 Section 45. For the purpose of incorporating the amendment
 1998 made by this act to section 394.492, Florida Statutes, in a
 1999 reference thereto, subsection (1) of section 394.676, Florida
 2000 Statutes, is reenacted to read:
 2001 394.676 Indigent psychiatric medication program.—
 2002 (1) Within legislative appropriations, the department may

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2003 establish the indigent psychiatric medication program to
 2004 purchase psychiatric medications for persons as defined in s.
 2005 394.492(5) or (6) or pursuant to s. 394.674(1), who do not
 2006 reside in a state mental health treatment facility or an
 2007 inpatient unit.

2008 Section 46. For the purpose of incorporating the amendment
 2009 made by this act to section 394.492, Florida Statutes, in a
 2010 reference thereto, paragraph (c) of subsection (2) of section
 2011 409.1676, Florida Statutes, is reenacted to read:

2012 409.1676 Comprehensive residential group care services to
 2013 children who have extraordinary needs.—

2014 (2) As used in this section, the term:

2015 (c) "Serious behavioral problems" means behaviors of
 2016 children who have been assessed by a licensed master's-level
 2017 human-services professional to need at a minimum intensive
 2018 services but who do not meet the criteria of s. 394.492(7). A
 2019 child with an emotional disturbance as defined in s. 394.492(5)
 2020 or (6) may be served in residential group care unless a
 2021 determination is made by a mental health professional that such
 2022 a setting is inappropriate. A child having a serious behavioral
 2023 problem must have been determined in the assessment to have at
 2024 least one of the following risk factors:

2025 1. An adjudication of delinquency and be on conditional
 2026 release status with the Department of Juvenile Justice.

2027 2. A history of physical aggression or violent behavior
 2028 toward self or others, animals, or property within the past

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2029 | year.

2030 | 3. A history of setting fires within the past year.

2031 | 4. A history of multiple episodes of running away from

2032 | home or placements within the past year.

2033 | 5. A history of sexual aggression toward other youth.

2034 | Section 47. For the purpose of incorporating the amendment

2035 | made by this act to section 394.492, Florida Statutes, in a

2036 | reference thereto, paragraph (b) of subsection (1) of section

2037 | 409.1677, Florida Statutes, is reenacted to read:

2038 | 409.1677 Model comprehensive residential services

2039 | programs.—

2040 | (1) As used in this section, the term:

2041 | (b) "Serious behavioral problems" means behaviors of

2042 | children who have been assessed by a licensed master's-level

2043 | human-services professional to need at a minimum intensive

2044 | services but who do not meet the criteria of s. 394.492(6) or

2045 | (7). A child with an emotional disturbance as defined in s.

2046 | 394.492(5) may be served in residential group care unless a

2047 | determination is made by a mental health professional that such

2048 | a setting is inappropriate.

2049 | Section 48. Paragraph (a) of subsection (5) of section

2050 | 943.031, Florida Statutes, is amended to read:

2051 | 943.031 Florida Violent Crime and Drug Control Council.—

2052 | (5) DUTIES OF COUNCIL.—Subject to funding provided to the

2053 | department by the Legislature, the council shall provide advice

2054 | and make recommendations, as necessary, to the executive

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2055 | director of the department.

2056 | (a) The council may advise the executive director on the
2057 | feasibility of undertaking initiatives which include, but are
2058 | not limited to, the following:

2059 | 1. Establishing a program that provides grants to criminal
2060 | justice agencies that develop and implement effective violent
2061 | crime prevention and investigative programs and which provides
2062 | grants to law enforcement agencies for the purpose of drug
2063 | control, criminal gang, and illicit money laundering
2064 | investigative efforts or task force efforts that are determined
2065 | by the council to significantly contribute to achieving the
2066 | state's goal of reducing drug-related crime, that represent
2067 | significant criminal gang investigative efforts, or that
2068 | represent a significant illicit money laundering investigative
2069 | effort, ~~or that otherwise significantly support statewide~~
2070 | ~~strategies developed by the Statewide Drug Policy Advisory~~
2071 | ~~Council established under s. 397.333,~~ subject to the limitations
2072 | provided in this section. The grant program may include an
2073 | innovations grant program to provide startup funding for new
2074 | initiatives by local and state law enforcement agencies to
2075 | combat violent crime or to implement drug control, criminal
2076 | gang, or illicit money laundering investigative efforts or task
2077 | force efforts by law enforcement agencies, including, but not
2078 | limited to, initiatives such as:

2079 | a. Providing enhanced community-oriented policing.

2080 | b. Providing additional undercover officers and other

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2081 | investigative officers to assist with violent crime
 2082 | investigations in emergency situations.
 2083 | c. Providing funding for multiagency or statewide drug
 2084 | control, criminal gang, or illicit money laundering
 2085 | investigative efforts or task force efforts that cannot be
 2086 | reasonably funded completely by alternative sources and that
 2087 | significantly contribute to achieving the state's goal of
 2088 | reducing drug-related crime, that represent significant criminal
 2089 | gang investigative efforts, or that represent a significant
 2090 | illicit money laundering investigative effort, ~~or that otherwise~~
 2091 | ~~significantly support statewide strategies developed by the~~
 2092 | ~~Statewide Drug Policy Advisory Council established under s.~~
 2093 | ~~397.333.~~
 2094 | 2. Expanding the use of automated biometric identification
 2095 | systems at the state and local levels.
 2096 | 3. Identifying methods to prevent violent crime.
 2097 | 4. Identifying methods to enhance multiagency or statewide
 2098 | drug control, criminal gang, or illicit money laundering
 2099 | investigative efforts or task force efforts that significantly
 2100 | contribute to achieving the state's goal of reducing drug-
 2101 | related crime, that represent significant criminal gang
 2102 | investigative efforts, or that represent a significant illicit
 2103 | money laundering investigative effort, ~~or that otherwise~~
 2104 | ~~significantly support statewide strategies developed by the~~
 2105 | ~~Statewide Drug Policy Advisory Council established under s.~~
 2106 | ~~397.333.~~

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2107 | 5. Enhancing criminal justice training programs that
 2108 | address violent crime, drug control, illicit money laundering
 2109 | investigative techniques, or efforts to control and eliminate
 2110 | criminal gangs.

2111 | 6. Developing and promoting crime prevention services and
 2112 | educational programs that serve the public, including, but not
 2113 | limited to:

2114 | a. Enhanced victim and witness counseling services that
 2115 | also provide crisis intervention, information referral,
 2116 | transportation, and emergency financial assistance.

2117 | b. A well-publicized rewards program for the apprehension
 2118 | and conviction of criminals who perpetrate violent crimes.

2119 | 7. Enhancing information sharing and assistance in the
 2120 | criminal justice community by expanding the use of community
 2121 | partnerships and community policing programs. Such expansion may
 2122 | include the use of civilian employees or volunteers to relieve
 2123 | law enforcement officers of clerical work in order to enable the
 2124 | officers to concentrate on street visibility within the
 2125 | community.

2126 | Section 49. Subsection (1) of section 943.042, Florida
 2127 | Statutes, is amended to read:

2128 | 943.042 Violent Crime Investigative Emergency and Drug
 2129 | Control Strategy Implementation Account.—

2130 | (1) There is created a Violent Crime Investigative
 2131 | Emergency and Drug Control Strategy Implementation Account
 2132 | within the Department of Law Enforcement Operating Trust Fund.

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2133 The account shall be used to provide emergency supplemental
 2134 funds to:

2135 (a) State and local law enforcement agencies that are
 2136 involved in complex and lengthy violent crime investigations, or
 2137 matching funding to multiagency or statewide drug control or
 2138 illicit money laundering investigative efforts or task force
 2139 efforts that significantly contribute to achieving the state's
 2140 goal of reducing drug-related crime, or that represent a
 2141 significant illicit money laundering investigative effort, ~~or~~
 2142 ~~that otherwise significantly support statewide strategies~~
 2143 ~~developed by the Statewide Drug Policy Advisory Council~~
 2144 ~~established under s. 397.333;~~

2145 (b) State and local law enforcement agencies that are
 2146 involved in violent crime investigations which constitute a
 2147 significant emergency within the state; or

2148 (c) Counties that demonstrate a significant hardship or an
 2149 inability to cover extraordinary expenses associated with a
 2150 violent crime trial.

2151 Section 50. Except as otherwise expressly provided in this
 2152 act and except for this section, which shall take effect upon
 2153 this act becoming a law, this act shall take effect July 1,
 2154 2016.

2155
 2156
 2157
 2158